Electronic Funds Draft Authorization for Premium Payments

CLEAR FORM

MIDLAND NATIONAL® Life Insurance Company

I. This authorization gives Midland National and your Financial Institution the authority to withdraw your annuity payments directly from your bank account.

II. Owner Information

Contract Number

Owner First Name | MI | Last Name | Phone

Owner Email Address (optional)

III. I (We) hereby authorize Midland National to initiate debit entries, electronically, by paper means or by any other commercially acceptable method, to my account indicated below and the Financial Institution named below to debit the same such amount.

Mode: ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

Start Date: ☐☐ - ☐☐ - ☐☐☐☐ Amount: ☐☐☐☐☐☐.☐☐

This authorization will remain in effect until Midland National and the Financial Institution have each received written notification of its termination in such time and in such manner as to afford Midland National and the Financial Institution a reasonable opportunity to act on the request.

IV. Account Type

☐ **Checking Account** - A voided check with a pre-printed name is required. Starter checks and deposit slips are not accepted.
☐ **Savings Account** - To receive funds from a savings account, a letter is required. Please provide a letter on your bank's letterhead, signed by a bank official, with your name, account number and routing number.

This authorization will remain in effect until I (We), the financial account holder(s), provide written or verbal notification of its termination in such time and in such manner as to afford Midland National a reasonable opportunity to act on the request.

V. Acknowledgment

I (We) hereby acknowledge that the information provided herein is to the best of my (our) knowledge true and accurate. I (We) also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of the request. The completion of this form is necessary to satisfy the Written Notice Requirement as defined in Section 1 of the annuity contract.

_____ Date Signed ☐☐ - ☐☐ - ☐☐☐☐

Owner's Signature

_____ Date Signed ☐☐ - ☐☐ - ☐☐☐☐

Joint Owner's Signature

Midland National Life Insurance Company
Mail to: P.O. Box 79907, Des Moines, IA 50325-0907
Overnight to: 4350 Westown Parkway, West Des Moines, IA 50266

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