

Joint Annuitant Information



SummitSM Series

Issued by Midland National[®] Life Insurance Company

Mail to: P.O. Box 10385, Des Moines, IA 50306

Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

Fax to: 866-484-4508

Instructions

This form is used to assign a Joint Annuitant to the annuity contract. A joint annuitant is not available for qualified annuities.

1. Contract Information

Contract Number (if known) _____

2. Joint Annuitant Information

Joint Annuitant must be spouse of Annuitant.

Name (first, middle initial, last)			Social Security number
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien/Citizen of: _____		Date of Birth (mm/dd/yyyy)
Street address (P.O. Boxes are not allowed)*			Apartment/Suite number
City	State	ZIP	Phone number

3. Signatures

By signing this form, I certify that the information provided is accurate.

Owner's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

*If the mailing address is different than the street address, please list on a separate piece of paper.