

# Beneficiary designation form



**Mail to:** P.O. Box 9261, Des Moines, IA 50306-9261  
**Overnight:** 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

## 1. Account information

Please provide all requested information.

Contract number			
Name or Non-natural entity (first, middle initial, last)			SSN/TIN/EIN
Joint Owner's name or Non-natural entity (first, middle initial, last)			Social Security number
Street address* (P.O. Boxes are not allowed)			Apartment/Suite number
City	State	ZIP	Phone number

\* If your mailing address is different than your street address, please list on a separate piece of paper with the Owner(s)'s signature and date.

## 2. Change of beneficiary

I hereby revoke all previous beneficiary designations and change to the following beneficiary(ies).

The new beneficiary designations are:  Revocable  Irrevocable

(If no box is checked, the beneficiary designation will be revocable.)

In the event of the owner's death, Death Benefit proceeds are payable to the owner's primary beneficiary. If the Owner's primary beneficiary is no longer living at the time of the Owner's death, the Owner's contingent beneficiary will receive the death benefit. If there are Joint Owners, the death benefit is payable upon the first death. If there are Joint Owners, the surviving Owner, if any, will be designated sole primary beneficiary. Non-spousal Joint Owners cannot name contingent beneficiaries.

Please designate if you want the beneficiary designation to be Per Stirpes or Per Capita. If an election is not made then, by default, it will be Per Capita. Per Stirpes designations require a listing of the children on a separate sheet of paper that is signed and dated. The list must include the children's names, addresses, phone numbers, dates of birth and Social Security numbers.

**Per stirpes definition:** A common way of distributing proceeds where if one or more beneficiaries has died, his or her children share equally in his or her share of the proceeds.

**Per capita definition:** Proceeds are split amongst the beneficiaries that survive the owner. If one of the beneficiaries does not survive the owner, then the remaining beneficiaries receive the proceeds split equally.

Select one:  Primary  Contingent | Select one:  Per stirpes  Per capita

Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to Owner	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Continued on page 2 ►

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

## 2. Change of beneficiary (continued)

Select one:  Primary  Contingent | Select one:  Per stirpes  Per capita

Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to Owner	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one:  Primary  Contingent | Select one:  Per stirpes  Per capita

Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to Owner	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one:  Primary  Contingent | Select one:  Trust

Accepted trust types are listed on the non-living entity ownership types flyer. Additional documentation may be required to determine whether we can accept the trust as beneficiary. If the trust named as beneficiary is not an accepted trust type, the trustee(s) waive any and all claims against Midland National Life Insurance and agree to release, indemnify and hold harmless Midland National, its officers, employees, representatives, and affiliates from and against any and all claims, legal or financial, associated with naming the trust as beneficiary of the contract.

Full trust name	Tax ID number (TIN)	Percentage %
Trustee name (first, middle initial, last)	Trustee phone number	Trust date (mm/dd/yyyy)
Trustee mailing address	Email address	

*If additional trustees apply, please list their name, mailing address, and phone number on a separate piece of paper with the owner(s)'s signature and date.*

Select one:  Primary  Contingent | Select one:  Corporation (additional forms may be required)  Estate  Other

Entity name	Phone number	Tax ID number (TIN)	Percentage %
Mailing address	Email address		

**Please list in whole percentages only.** If the beneficiary information is missing or incomplete, the beneficiary designation will default to the Owner/Joint Owner's estate. If you are designating additional beneficiaries, please list them on a separate piece of paper with the Owner(s)'s signature and date.

### 3. Fraud Statements

**CA Residents only:** for your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### 4. Signatures

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"/>
Spouse's signature* (Only applicable if Owner resides in: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Irrevocable beneficiary's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Irrevocable beneficiary's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Irrevocable beneficiary's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Disinterested witness' signature**	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

\* If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse's signature on the line above to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. You understand and agree that Midland National may presume that no community property interest exists if you have not obtained your spouse's signature above. Further, you understand and agree that Midland National has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold Midland National harmless from any consequences relating to community property interests and this transaction.

\*\* If the current owner resides in the state of MA, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated beneficiary. A Registered Representative may not sign as a disinterested witness.

Variable annuity products are issued by Midland National® Life Insurance Company distributed by Sammons Financial Network®, LLC., member FINRA.

