

# Charitable contribution request



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

## Instructions

Use this form to complete one-time charitable contributions to non-profit organizations. Not allowed for non-qualified contracts.

## 1. Contract information

Please complete and submit a copy of the Certification of Trust Agreement, if this policy is owned by a Trust.

Contract number

Owner's name (first, middle initial, last)

Social Security number

Joint Owner's name (first, middle initial, last) – If applicable

Social Security number

Non-natural Owner – If applicable

Tax Identification Number

Street address

Apartment/Suite number

City

State

ZIP

Phone number

## 2. Non-profit and disbursement information

*Taking a withdrawal from a Contract that has a benefit rider may adversely affect the benefits associated with that rider. A request to surrender or withdraw Contract values over the Penalty-Free Partial Surrender Amount will reduce the amount of proceeds paid upon full withdrawal, payment of any death benefits, or annuitization. A surrender charge and Market Value Adjustment may apply for Contracts still in a Surrender Charge Period.*

Non-profit information provided by you must be completed accurately. A check will be mailed directly to the non-profit organization.

Items to consider:

- All charitable contributions will be made for the current tax year only and will be processed using the current processing date.
- You must be the age of 70½ or older at the time of your request.
- A maximum of \$100,000 can be sent to non-profit organizations per calendar year.

1. Name of non-profit organization

Amount (\$500 minimum)

Mailing address

City

State

ZIP

Phone number

2. Name of non-profit organization

Amount (\$500 minimum)

Mailing address

City

State

ZIP

Phone number

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.

3. Name of non-profit organization			Amount (\$500 minimum)
Mailing address			
City	State	ZIP	Phone number
4. Name of non-profit organization			Amount (\$500 minimum)
Mailing address			
City	State	ZIP	Phone number

### 3. Acknowledgement & Signatures

I/We hereby acknowledge that the information provided herein is to the best of 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 this request. The completion of this form is necessary to satisfy the Written Notice Requirement as defined in your contract.

#### Taxpayer certification

Under penalty of perjury, my signature certifies that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

**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.

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"/>

\*If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse's signature on the spousal signature line in the acknowledgment section of the form 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 the Company may presume that no community property interest exists if you have not obtained your spouse's signature. Further, you understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction. Please note the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

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

