

# Activities of Daily Living (ADL) multiplier recertification form



Complete to continue payments under the ADL multiplier provided in your annuity Contract or rider. For questions, please contact Midland National Service Department. See bottom of page for contact information.

Altered forms, including but not limited to correction fluid, strike out, or photocopies will not be accepted. Ensure both pages of this form are submitted and all sections are completed accurately to ensure prompt processing of your request. Failure to do so may result in a delay of the withdrawal.

## Account information

Annuity Policy/Contract number

Covered Person name

Covered Person Social Security number

Phone number

Joint Covered Person name

Joint Covered Person Social Security number

Phone number

Covered Person mailing address

This is a new address

City, State, ZIP

## Physician information (required)

Once we receive this form with all information completed we will send the ATTENDING PHYSICIAN STATEMENT FOR ELECTION OF BENEFITS UNDER THE ACTIVITIES OF DAILY LIVING (ADL) RIDER request to your physician to be completed. This form is required to be completed and returned by your physician prior to completion of review for eligibility. In order to expedite the process we are requesting you provide all physician information below.

Physician name

Mailing address

City, State, ZIP

Phone number

Fax number

Date first treated (mm/dd/yyyy)

Date last treated (mm/dd/yyyy)

**Note: Be sure to fill out and return the Authorization for release of health-related information along with this form.**

**Recertification information (required)**

Name of covered person

Name of Joint covered person (if applicable)

**Activities of Daily Living (ADLs) – definitions under our Contract**

1. "Bathing" means the ability to wash oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. "Continence" means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. "Dressing" means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. "Eating" means the ability to feed oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. "Toileting" means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. "Transferring" means moving into or out of a bed, chair or wheelchair.

I certify that I continue to be permanently unable to perform at least two of six ADLs selected below. \_\_\_\_\_ (initial here)

Bathing     Continence     Dressing     Eating     Toileting     Transferring

**Acknowledgment**

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 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.

**All Residents:** I/We hereby acknowledge and understand that:

- by signing this form indicates that each Owner has read, understands and agrees to the information provided throughout the form.
- this form must be fully completed and failure to complete any portion of this form may delay the processing of the request.

**Taxpayer certification**

Under penalties 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.

**Signatures**

Owner signature/assignee	Date (mm/dd/yyyy)
Joint Owner signature/assignee	Date (mm/dd/yyyy)
Spousal signature	Date (mm/dd/yyyy)

\*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 Midland National may presume that no community property interest exists if you have not obtained your spouse's signature. 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. Note: The term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.



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