

IDAHO ANNUITY DISCLOSURE

The form is required to be completed for any Annuity Contract executed in the state of Idaho, and it is to be retained with the Annuity Application and Contract during the contract period and for five years after termination. All information, where applicable, must be completed in percentages or dollar amounts.

SECTION I – PRODUCER INFORMATION																			
Producer Name:		NIPR Number:																	
Producer Address City, State, Zip:		License Number:																	
		Email Address:																	
Telephone:		Website:																	
I (Producer) am licensed to sell annuities, and offer the following insurance/annuity products:																			
<input type="checkbox"/> Fixed/Equity-Indexed Annuities		<input type="checkbox"/> Variable Annuities																	
		<input type="checkbox"/> Life Insurance																	
I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about:																			
<input type="checkbox"/> Mutual Funds / ETFs		<input type="checkbox"/> Stocks / Bonds																	
		<input type="checkbox"/> Certificates of Deposit																	
You can ask how I am compensated. Depending on the particular annuity I sell, I will or may be paid cash compensation as follows:																			
<input type="checkbox"/> Commission (Paid by Company)		<input type="checkbox"/> Fees (Paid by consumer)																	
		<input type="checkbox"/> Other (Describe):																	
SECTION II – ANNUITANT INFORMATION (If joint, complete for all)																			
Annuitant Name:		<input type="checkbox"/> M <input type="checkbox"/> F	Age at Issue: <input type="checkbox"/> Ind. <input type="checkbox"/> JT																
Annuitant Name:		<input type="checkbox"/> M <input type="checkbox"/> F	Age at Issue: <input type="checkbox"/> Ind. <input type="checkbox"/> JT																
Annuitant Address City, State, Zip:		Email Address:																	
		Telephone:																	
SECTION III – COMPANY INFORMATION																			
Company Name:	Midland National Life Insurance Company	ID Certificate of Authority:	72																
Company Address City, State, Zip:	P.O. Box 10385 Des Moines, IA 50306-0385	Email Address:	FixedNewBusiness@SFGMembers.com																
Telephone:	(877) 586-0240	Website:	MidlandNational.com																
SECTION IV – CONTRACT INFORMATION																			
If projections are used, guaranteed and non-guaranteed elements shall be given equal prominence. Mark as N/A if not applicable. Attach addendum if additional space is needed.																			
Product Name:	Midland National Capital Income SM																		
Form Numbers:	ICC19-AS201A, ICC19-AR360A, ICC19-AR362A, ICC19-AR363A, ICC19-AR364A, ICC19-AR369A, ICC20-AR378A, ICC20-AR379A, ICC20-AR380A																		
Product Type:	<input type="checkbox"/> Fixed	<input checked="" type="checkbox"/> Equity-Indexed	<input type="checkbox"/> Variable																
Application:	<input type="checkbox"/> In person	<input type="checkbox"/> Direct Solicitation	<input type="checkbox"/> Electronic <input type="checkbox"/> Other:																
See attached Interest Rate Addendum for Initial and Guaranteed Fixed Account Interest Rates, Index(es), and Initial and Guaranteed Index Account Rates.																			
Describe additional elements/rates/fees (e.g. floors, monthly caps, M&E charges):	Crediting methods and their rates can be found on the attached Interest Rate Addendum. The Advisory Fee Endorsement allows the Owner the ability to separately authorize up to a percent of accumulation value annually to be taken from the contract as a withdrawal to be paid as advisory fees to their RIA/IAR.																		
Explain value reductions caused by withdrawals or surrender:	Withdrawals reduce the Accumulation Value and Minimum Surrender Value. Withdrawals in excess of the available Lifetime Payment Amount (LPA) reduce the LPA. The contract is terminated upon full surrender.																		
Explain penalties applicable on withdrawal of values from the contract:	A surrender charge and market value adjustment are assessed on any amount withdrawn during the surrender charge period that exceeds the available penalty-free amount. The surrender charge (SC%) percentages that apply for each contract year are: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Year</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: left;">SC%</td> <td style="text-align: center;">6.0%</td> <td style="text-align: center;">6.0%</td> <td style="text-align: center;">5.0%</td> <td style="text-align: center;">4.0%</td> <td style="text-align: center;">3.0%</td> <td style="text-align: center;">3.0%</td> <td style="text-align: center;">2.0%</td> </tr> </table>			Year	1	2	3	4	5	6	7	SC%	6.0%	6.0%	5.0%	4.0%	3.0%	3.0%	2.0%
Year	1	2	3	4	5	6	7												
SC%	6.0%	6.0%	5.0%	4.0%	3.0%	3.0%	2.0%												
Death Benefit:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain how it will be calculated: The contract death benefit is equal to the greater of the Accumulation Value or the Minimum Surrender Value of the Contract.																	

RIDERS TO THE CONTRACT			
(If more than two, please attach additional paper)			
Rider Name:	Guaranteed Lifetime Withdrawal Benefit (GLWB) and ADL Benefit Rider	Form number:	ICC20-AR378A and ICC20-AR379A
Current Fee:	1.00%	Maximum Fee:	1.00%
		Subject to change annually:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Description of Benefit:	A guaranteed lifetime withdrawal benefit (GLWB) that provides a Lifetime Payment Amount (LPA) for an annual rider charge and an ADL Benefits Rider that may increase the LPAs for up to five payments if the covered person is unable to perform the required number of Activities of Daily Living (ADLs) and meets the qualification requirements of the rider. The annual rider charge is determined on each contract anniversary as a percent of the accumulation value.		
Rider Name:	Nursing Home Confinement Waiver	Form number:	ICC19-AR360A
Current Fee:	N/A	Maximum Fee:	N/A
		Subject to change annually:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Description of Benefit:	The Nursing Home Confinement Waiver benefit allows a withdrawal of up to 100% of the accumulation value without a surrender charge or MVA when the Annuitant meets the nursing home confinement requirements. If 100% of the accumulation value is withdrawn, the contract will terminate. This waiver is automatically included in the product at no additional charge.		
ADDITIONAL CONTRACT OR RIDER INFORMATION			
See Midland National Capital Income SM Annuity Disclosure Statement for additional contract and rider information.			
REPLACEMENT			
A replacement is: Any transaction by which a new annuity is to be purchased, and it is known or should be known to the proposing producer, or to the proposing insurer if there is no producer, that existing life insurance or an annuity has been or is to be lapsed, forfeited, surrendered, or otherwise terminated.			
This contract: <input type="checkbox"/> is <input type="checkbox"/> is not replacing any life insurance policy/product or any annuity contract.			
Company Name:		Policy/Contract Number:	
Does the replaced Policy/Contract have surrender charges:		<input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, describe the surrender charges/penalties:			

Owner:

Your signature below indicates that the above-named producer has explained all elements and risks and that you have read and understood the terms and conditions of your new Annuity contract.

Signature: _____

Date: _____

Signature: _____

Date: _____

Producer:

I have explained all elements and risks involved in this Annuity contract.

Signature: _____

Date: _____

Midland National Capital IncomeSM - Fixed Index Annuity

Other than the Fixed account rate, the rates below are not rate guarantees for interest credited to the contract but are rates used in calculations to determine the index credits that can be credited to the contract at the end of each term. See the Annuity Disclosure Statement for additional explanation.

The rates listed below are as of 08.25.2020

	Current Rate	Guaranteed Rate	Rate Subject to Change
Fixed Account – guaranteed rate for first seven years			
	2.75%	Minimum 0.25%	Annually after Initial Guarantee
Annual Point-to-Point (subject to a Participation Rate)			
Fidelity Multifactor Yield Index 5% ER	100%	Minimum 5%	Annually
Annual Point-to-Point (subject to an Index Margin and Participation Rate)			
S&P 500® Index	Margin Rate	2.00%	Maximum 2.00%
	Participation Rate	35%	Minimum 5%
Annual Point-to-Point (subject to an Index Cap Rate)			
S&P 500® Index	5.25%	Minimum 0.50%	Annually