

Annuitant change request



To establish a new Annuitant please complete the below form and return it to our office. This form can only be used on an Owner driven Contract. The Contract Owner must declare a new Annuitant within 60 days. If no new Annuitant is declared the Annuitant will be automatically updated to the oldest Owner.

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

1. Current Owner information

Contract number

Owner name or name of non-natural entity

Social Security number/Tax ID

Phone number

Joint Owner name

Joint Owner Social Security number

Phone number

Owner's mailing address

City

State

ZIP

2. Relationship code information

Use the codes below to fill out the relationship code information in section 3.

01 - Spouse 04 - Mother 06 - Daughter 08 - Sister 14 - Stepdaughter 20 - Granddaughter 33 - Niece
03 - Father 05 - Son 07 - Brother 13 - Stepson 19 - Grandson 32 - Nephew 55 - Other

3. New Annuitant information. *Include a copy of your identifying documentation unless the below form is signed by an active agent.*

New Annuitant name

Social Security number

Date of birth (mm/dd/yyyy)

Relationship code

Annuitant street address

City

State

ZIP

Phone number

Sections A and B must be completed

A. Driver's license State-issued ID Military ID Passport Alien registration card

State/Country

ID number

Expiration date (mm/dd/yyyy)

B. U.S. citizen Resident alien - Country _____ Nonresident alien* - Country _____

*Nonresident alien - If you choose this box, a copy of a driver's license passport or other identifying documentation from you is required.

4. Acknowledgment & signatures

Owner signatures

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

CA Residents: 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.

Contract Owner signature/assignee	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Registered Representative's signatures

I attest to the fact that I have viewed the above identified documentation. I also attest that the document did not appear altered and the picture identification supplied appeared to be that of the Owner.

Registered Representative's Name	Agent's Number
Registered Representative's Signature	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

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