## Spousal continuance verification of identity form





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

## Instructions

**USA Patriot Act requirements:** To help the government fight the funding of terrorism and money laundering activities, the U.S. government passed the USA Patriot Act, requiring financial institutions to obtain, verify, and record information that identifies persons who engage in certain transactions with or through Sammons Institutional Group<sup>®</sup>, Inc. This means we will need to obtain certain information that allows us to verify your identity. The following information is required for each person associated with the account:

• Name • Residence address (P.O. Box is not accepted; APO/FPO is accepted) • Date of birth • Social Security number (SSN)

Relationship to deceased  Name (first, middle initial, last)  Social Security number  Date of birth (mm/dd/yyyy)  Citizenship:						
Name (first, middle initial, last)  Social Security number  Date of birth (mm/dd/yyyyy)  Citizenship: U.S. Citizen	New Owner information					
Citizenship: U.S. Citizen Resident alien/Citizen of:  Street address (P.O. Boxes are not allowed)*  Apartment/Suite number  City  State  ZIP  Phone number  Please indicate the form of ID presented and used to verify this owner's identity.  Driver's license State-issued ID  Military ID  Passport  Alien registration card  State/Country  Number  Expiration date (mm/dd/yyyy)  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.  Owner's signature  By signing this form, I certify that the information provided is accurate. I understand that Midland National® will use this information only to attempt to verify my identity.  Signature  Date (mm/dd/yyyy)  Registered Representative's signature (only required when proof of identification is not provided)  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 ID number	Contract number	Relationship to deceased				
Street address (P.O. Boxes are not allowed)*    State	Name (first, middle initial, last)	Social Secu		ırity number	Date of birth (mm/dd/yyyy)	
City State ZIP Phone number  Please indicate the form of ID presented and used to verify this owner's identity.  Driver's license State-issued ID Military ID Passport Alien registration card  State/Country Number Expiration date (mm/dd/yyyy)  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.  Owner's signature  By signing this form, I certify that the information provided is accurate. I understand that Midland National® will use this information only to attempt to verify my identity.  Signature Date (mm/dd/yyyy)  Registered Representative's signature (only required when proof of identification is not provided)  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 ID number	Citizenship: U.S. Citizen Resident alien/Citizen of:					
Please indicate the form of ID presented and used to verify this owner's identity.    Driver's license   State-issued ID   Military ID   Passport   Alien registration card	Street address (P.O. Boxes are not allowed)*				Apartment/Suite number	
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