

Oak Elite ADVSM dollar cost averaging (DCA) program form



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
Phone: 833-492-0022, Option 1 | Fax: 833-492-0023

Instructions

Use this form to establish, change, or cancel a Dollar Cost Averaging program.

Note: This program is only available for any allocations into the separate account investment options. The DCA program may not be elected if you are invested in any cycle investment options or if you have elected the automatic portfolio rebalancing program. The minimum Contract value to initiate a DCA program is \$10,000. The minimum amount of set-up time for any DCA program is three (3) months. There is no maximum amount of set-up time.

Future purchase payment received without express written allocation instructions will be directed to the separate account investment option allocation instructions at time of contract issuance.

1. Contract information

Please provide all requested information.

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/EIN	
Street address		Apartment/Suite number	
City	State	ZIP	Phone number

2. Dollar cost averaging instructions

Any investment option may be elected as the DCA source account, but the elected "source account" must have a minimum balance of \$1,200. The minimum amount that may be transferred via DCA monthly is \$100, quarterly is \$300, semi-annually is \$600, and annually is \$1,200.

A. Please elect only one option:

- Establish** a Dollar Cost Averaging program – complete remainder of this form.
 Change the existing Dollar Cost Averaging program – complete remainder of this form.
 Cancel the existing Dollar Cost Averaging program and DO NOT ADD a new program - move to signature section of this form.

B. Dollar Cost Averaging Instructions:

Dollar Cost Averaging will occur on the **Contract Anniversary** of the month according to the elected frequency, provided that it is a business day. Please consult the sales materials provided at purchase for details regarding this feature as well as restrictions, minimum or maximum limitations, fees, and other applicable information. Dollar Cost Averaging cannot be elected if you participate in automatic portfolio rebalancing.

I would like to dollar cost average \$_____ from the following source account (select ONE account that you want to DCA from):

- _____
 Monthly, for _____ months (3-month minimum) Quarterly, for _____ quarters
 Semi-Annually, for _____ semesters Annually, for _____ years or Until source account is depleted

Please elect the target account(s) (account(s) you want to DCA into) by selecting investment options on the following page.

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. Investment options

Please designate your allocations in whole percentages only. No matter which investment options are chosen, the total allocations must equal 100%, or the request will not be considered in good order.

Investment options	Percent
Equity	
American Funds IS® Asset Allocation 4	_____ %
PIMCO VIT Real Return Adv	_____ %
Fidelity® VIP Growth Opportunities Svc 2	_____ %
PIMCO VIT Short-Term Adv	_____ %
American Funds IS® Global Growth 4	_____ %
Lord Abbett Series Short Duration Inc VC	_____ %
Fidelity® VIP Government Money Market Svc 2	_____ %

The total of investment options must equal 100%. If it does not equal 100%, this request will be considered not in good order.

Investment options are valid as of 05/2024. Please see prospectus for any applicable changes.

4. Fraud warning

For California 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.

5. Signatures

Either the Owner(s) or Registered Representative with telephone authorization must sign this form.

Owner or Registered Representative's signature	Date signed (mm/dd/yyyy)
Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)

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