

Variable Annuity Withdrawal or Surrender Request

For questions, please call Midland National Variable Annuity Department.
Phone: 866-270-9564 Fax: 866-270-9565

ANNUITY NUMBER _____

CONTRACT OWNER _____

JOINT CONTRACT OWNER _____

PARTIAL WITHDRAWAL: (Please select one.):

10% Penalty Free Other _____ (Please specify check amount.) Gross Net

FULL CASH SURRENDER

I hereby cancel this annuity and request payment of its Surrender Value, if any. Such payment is acknowledged as full settlement of any and all claims under this annuity. Such cancellation shall be effective immediately. I/We further represent that no bankruptcy proceeding filed by or against me/us are now pending and that no liens are outstanding against this annuity.

THE ANNUITY MUST BE RETURNED BEFORE THE CASH SURRENDER CAN BE PROCESSED.

Please check one of the following:

Annuity enclosed.

I have lost, destroyed, or mislaid my annuity specified above and request that the value of said annuity be paid. I hereby agree (on my behalf of my heirs, assigns, and legal representatives, or any other person claiming rights through me) to indemnify and protect the Company against any claim which may be asserted against the Company on the basis of such policy certificate, and to reimburse the Company for any payment it may make, or expense it may incur with respect to any such claim.

METHOD OF PAYMENT

A check will be sent out regular mail unless contract owner(s) indicate differently.

ALTERNATE PAYMENT OPTIONS:

(EFT is not available for Variable contracts beginning with number 15.)

Electronic Funds Transfer Authorization - I authorize Midland National Life and the financial institution listed below to automatically deposit withdrawals into:

Checking Account Savings Account

The funds will generally be available three business days after the payment date.

Should an inappropriate deposit be made, the financial institution is authorized to make a debit entry to my account and return to Midland National Life the corrected amount. This authorization will remain in effect until I have cancelled it in writing.

Please enclose a voided check with request form for verification of all financial institution information.

Financial Institution's Name: _____

Financial Institution's Address: _____

Account Number: _____

Routing Number (ABA#): _____

Mail a check to my address of record.

Overnight a check by billing my account: Carrier: _____ Account# _____

ELECTION OF WITHHOLDING AND REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

FEDERAL/STATE WITHHOLDING INSTRUCTIONS:

You must indicate if Federal/State income taxes should be withheld from your payment by signing and dating this election form and returning it to Midland National Life Insurance Company.

Even if you elect not to have Federal/State income taxes withheld, you are liable for Federal/State income taxes on the taxable portion of your benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, are not adequate.

If no election is made, 10% Federal income tax will typically be withheld.

If you have any questions about your tax liability, please contact your tax advisor.

I **do not** want Federal/State income taxes withheld from my payment.

I **do** want Federal/State income taxes withheld from my payment. Federal _____% State _____%

TAXPAYER IDENTIFICATION NUMBER (TIN):

Social Security Number _____/_____/_____ or Employer Identification Number _____/_____

JOINT TAXPAYER IDENTIFICATION NUMBER (TIN):

Social Security Number _____/_____/_____ or Employer Identification Number _____/_____

Certification - Under penalties of perjury, I certify 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), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (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.

Contract Owner Signature/Assignee: _____ Date: _____

Joint Owner Signature/Assignee: _____ Date: _____

Spousal Signature: _____ Date: _____

(Spousal Signature applicable only if the contract was issued in or the contractholder resides in: AZ, CA, ID, LA, NM, NV, TX, WA, or WI)

Notary Signature: _____ Date: _____

(A notary signature is needed for all Surrender Charges that are greater than \$10,000).

The broker/dealer for Midland National's Variable products is **Sammons Securities Company, LLC**, Member NASD/SEC.

Sammons Securities Company is a registered broker/dealer under the Securities Exchange Act of 1934. **Sammons Securities Company** is an indirect, wholly owned subsidiary of Sammons Enterprises, Inc., the ultimate parent company of Midland National.