


CLIENT SERVICES REQUEST

Name of Insured _____	Phone Number _____ - _____ - _____
Policy Number(s) _____	

REQUEST

<input type="checkbox"/> ADDRESS CHANGE	New address: _____	PS
<input type="checkbox"/> Owner	_____	
<input type="checkbox"/> Insured	_____	

<input type="checkbox"/> NAME CHANGE – This section can not be used to change the policy Owner or Beneficiary.	Name of: <input type="checkbox"/> Insured <input type="checkbox"/> Owner _____ has changed from _____ to _____ (First Name) (M.I.) (Last Name) (First Name) (M.I.) (Last Name) because of _____ on _____	PS
---	---	-----------

<input type="checkbox"/> CHANGE MODE OF PREMIUM PAYMENT TO	<input type="checkbox"/> Direct Bill: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Mode Change Effective Date _____ (Please submit any Due Premium) Amount of Premium _____	BC
---	--	-----------

<input type="checkbox"/> POLICY LOAN	Send Check For: <input type="checkbox"/> Maximum loan value <input type="checkbox"/> \$ _____ of loan value To: <input type="checkbox"/> Agent <input type="checkbox"/> Policyowner I agree that any premium presently due will be deducted from the proceeds. *See reverse side.
---	---

LOAN AGREEMENT
 I/We the undersigned, do hereby request an advance under the policy loan clause of the policy identified above for an amount not to exceed the maximum loan value of the policy, subject to the terms and conditions of the policy and to bear interest at the rate provided in the Policy.
 In compliance with such terms and conditions and for the purposes therein provided, said policy and its accumulations and all monies now or hereafter due by virtue thereof are hereby assigned to MIDLAND NATIONAL LIFE INSURANCE COMPANY as security for the amount of this loan and interest thereon, and any other indebtedness to said Company on account of said policy.
 Said policy is in the possession and control of the undersigned, and is not assigned or subject to any vested interests except as follows:

 Any such assignment or vested interest shall be secondary and subordinate to this agreement to said Company. **PS**

<input type="checkbox"/> POLICY SURRENDER (See reverse side for Policy/Rider Surrenders.)	I/We the undersigned, request payment of the net surrender value in exchange for the surrender of the attached policy. No bankruptcy proceedings filed for or against me are now pending, and no liens are outstanding against the policy, except as follows: _____	LS
<input type="checkbox"/> Policy is attached	<input type="checkbox"/> Policy is lost	

<input type="checkbox"/> DIVIDEND OR PDA SURRENDER	I/We the undersigned, hereby request that the Company Surrender Dividends as follows: <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Reduce Loan <input type="checkbox"/> Loan Interest <input type="checkbox"/> Pay Premium on Policy Number(s)
---	--

<input type="checkbox"/> CHANGE DIVIDEND OPTION TO	<input type="checkbox"/> Used to Purchase Paid-Up Additions to the Policy <input type="checkbox"/> Accumulated at Interest <input type="checkbox"/> Applied on Payment of Premium <input type="checkbox"/> Paid in Cash
---	---

<input type="checkbox"/> AUTOMATIC PREMIUM LOAN	<input type="checkbox"/> Add the Automatic Premium Loan provision to the policy. <input type="checkbox"/> Add Automatic Premium Withdrawal (APW) to Annuity rider. <input type="checkbox"/> Terminate the operation of Automatic Payment of Premium provision. <input type="checkbox"/> Make the Automatic Payment of Premiums provision operative.
--	--

<input type="checkbox"/> POLICY CERTIFICATE	This contract is lost, has been misplaced or inadvertently destroyed and is not in my possession. Please forward a policy certificate.	PC
<input type="checkbox"/> DUPLICATE POLICY (\$25.00 Fee)	Fee must accompany this request.	

<input type="checkbox"/> NON-FORFEITURE	CONTRACT NOT REQUIRED <input type="checkbox"/> Extended Term Insurance	Reduced Paid Up Insurance <input type="checkbox"/> Without Loan <input type="checkbox"/> With Loan	PC
Endorse policy as: _____			

I certify, under penalty of perjury, that:
 (1) The number shown on this form is my correct taxpayer identification number, and;
 (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

_____ Date _____ Owner's Signature _____ Owner's Social Security # _____

_____ Joint Insured's Signature (If any) _____ Signature of Owner's Spouse, recommended in community property states.

Annuitant Name _____

Policy Number _____

REQUEST FOR WITHDRAWAL/SURRENDER

I/We the undersigned on Page 1 or Page 2 request a partial withdrawal of \$ _____ from the identified policy/rider, but wish to keep the balance of the **policy/rider active**.

I/We the undersigned on Page 1 or Page 2 request to fully surrender all value present in my Annuity policy/rider.

I/We certify that no bankruptcy proceedings filed by or against me are now pending and that no liens are outstanding against this policy/rider, except as follows:

Federal Income Tax Withholding Election:

Distributions from annuities are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding is based on the portion of the withdrawal that is includible in your income subject to federal income tax if this portion exceeds \$200 on an annual basis (calendar year withdrawals are aggregated). There is not withholding on the portion that represents a return of your own non-deductible contribution to the contract.

Your election may be changed at any time by written notice to the Company. If you elect not to have withholding applied or if you do not have enough federal income tax withheld from your withdrawals, you may be responsible for payment of estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

INSTRUCTIONS – This section is required to be completed before a check can be released.

Check Box A if you do not want federal income tax withheld from this withdrawal. Check Box B if you want to have withholding apply.

A I do not want to have federal income tax withheld.

B I want to have federal income tax withheld.

I certify, under penalty of perjury, that:

- (1) The number shown on this form is my correct taxpayer identification number, and;
- (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Date	Owner's Signature	Owner's Social Security #
Date	Signature of Owner's Spouse, if required in Community Property States.	