

Electronic Funds Draft Authorization for Premium Payments

Mail to: P.O. Box 79907, Des Moines, IA 50325-0907

Overnight to: 4601 Westown Pkwy, Suite 300, West Des Moines, IA 50266



4601 Westown Parkway • Suite 300 • West Des Moines, IA 50266 • www.midlandannuity.com

I. This authorization gives Midland National and your Financial Institution the **authority to withdraw your annuity payments** directly from your account. To take advantage of this service all you need to do is:

1. Mark the appropriate box specifying that your payments will be taken from either your checking or savings account.
2. Complete the requested information about you, your Financial Institution, and your account.
3. Attach a voided check for verification of all Financial Institution information.

II. I (We) hereby authorize Midland National to initiate debit entries, electronically, by paper means or by any other commercially acceptable method, to my account indicated below and the Financial Institution named below to debit the same such amount.

Account type: **Checking Account*** **Savings Account**

*Copy of voided check required

Mode: Monthly Quarterly Semi-annual Annual

Start date: [][] / [][] / [][][][] Amount: \$ [][][][][][][] . [][]

This authorization will remain in effect until Midland National and the Financial Institution have each received written notification of its termination in such time and in such manner as to afford Midland National and the Financial Institution a reasonable opportunity to act on the request.

III. Owner's Information

Contract Number

First Name

MI

Last Name

Phone

 () -

E-mail Address (Optional)

IV. Financial Institution's Information

Account Number at Financial Institution

Routing Number

Name of Financial Institution

Address

Address (cont.)

City

State

Zip Code

 -

Phone

 () -

All financial institution account owners must sign.

Owner's Signature

Joint Owner's Signature

Date

 / /

Date

 / / 