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Name of Insured Phone Number Pho	Name of Insured	-5 NEQUEST				Phone N	lumhar		- PLEASE	FRIN
ADDRESS CHANGE Downer Down						- FIIOHE N				
ADDRESS CHANGE										
NAME CHANGE - This section can not be used to change the policy Owner or Beneficiary.	REQUEST									
NAME CHANGE - This section can not be used to change the policy Owner or Beneficiary.	\square address change	New address:								
NAME CHANGE - This section can not be used to change the policy Owner or Beneficiary. Name of Insured Owner Insured Owner Insured Owner Insured Owner Insured Owner Insured Insur	□ Owner									
Name of Insured Owner Downer	□ Insured									PS
CHANGE MODE OF PREMIUM PAYMENT TO Direct Bill: Annual Semi-Annual Quarterly BC	□ NAME CHANGE – This	section can not be used	l to change the	policy Owner or		ary.				
CHANGE MODE OF PREMIUM PAYMENT TO Direct Bill: Annual Semi-Annual Quarterly Mode Change Effective Date (Please submit any Due Premium) Amount of Premium Policyowner Semi-Annual Quarterly Mode Change Effective Date (Please submit any Due Premium) Amount of Premium Policyowner Semi-Annual Glear Provided Policyowner Semi-Annual Glear Provided Semi-Annual Glear Provided Policyowner Semi-Annual Glear Provided Semi-Annual Glear Provided Glear Provided Policyowner Semi-Annual Glear Provided		Name of: ☐ Insured	□ Owne	r				I	has changed	
CHANGE MODE OF PREMIUM PAYMENT TO Direct Bill: Annual Semi-Annual Quarterly Annount of Premium BC POLICY LOAN Send Cheek For: Maximum loan value S Of Ioan value To: Agent Policyowner Tagree that any premium presently due will be deducted from the proceeds. *See reverse side. LOAN AGREEMENT We the undersigned, do hereby request an advance under the policy olan clause of the policy identified above for an amount not to exceed the maximum loan value Of Ioan value Of		from		to	·					
CHANGE MODE OF PREMIUM PAYMENT TO Direct Bill: Annual Semi-Annual Quarterly BC Mode Change Effective Date (Please submit any Due Premium) Annount of Premium BC POLICY LOAN Send Cheek For: Maximum loan value \$ of loan value To: Agent Policyowner Tagree that amy premium presently due will be deducted from the proceeds. *See reverse side. LOAN AGREEMENT Vive 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 RISUSHANCE 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 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 lens are outstanding against the policy, except as follows: Policy Surrender Policy is lost Policy Accumulated at interest Applied on Payment of Premium Paid in Cash		(First Name) because of	(M.I.)	(Last Name) 0	(First Na 1	ame) 	(M.I.)		(Last Name)	PS
POLICY LOAN Send Check For: Maximum loan value \$										
agree that any premium presently due will be deducted from the proceeds. CAN AGREEMENT	☐ Mode Change Effective Da	ate	(Ple	ase submit any Due	Premium) Amount of	Premium			BC
LOAN AGREEMENT I/We the undersigned, do hereby request an advance under the policy loan clause 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: 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: DIVIDEND OR PDA SURRENDER Net the undersigned, hereby request that the Company Surrender Dividends as follows: CHANGE DIVIDEND OPTION TO Used to Purchase Paid-Up Additions to the Policy Accumulated at Interest Applied on Payment of Premium Paid in Cash	□ POLICY LOAN Se	nd Check For: 🗆 Maximum	loan value □\$	3		of loan value	To: 🗆 Agent	☐ Policyowne	r	
I/We the undersigned, do hereby request an advance under the policy loan clause 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. 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: DIVIDEND OR PDA SURRENDER Reduce Loan Loan Interest Pay Premium on Policy Number(s) CHANGE DIVIDEND OPTION TO Used to Purchase Paid-Up Additions to the Policy Accumulated at Interest Applied on Payment of Premium Paid in Cash AUTOMATIC PREMIUM LOAN CHANGE DIVIDEND REPORTED Reduce Loan Loan Interest Applied on Payment of Premium provision operative. PC NON-FORFEITURE CONTRACT NOT REQUIRED Reduced Paid Up Insurance Endorse policy as: CONTRACT NOT REQUIRED Reduced Paid Up Insurance Endorse policy as: Listended Term Insurance Without Loan With Loan With Loan With Loan With Loan With Loan Reduced Paid Up Insurance Loan not subject to backup withholding either because I have not been notified that I am subject to backup withholding as	I agree that any premium pr	esently due will be deducted	from the procee	ds.					*See reverse	e side.
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 POLICY SURRENDER (See reverse side for Policy/Rider Surrenders.) 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: DIVIDEND OR PDA SURRENDER Reduce Loan Loan Interest Pay Premium on Policy Number(s) CHANGE DIVIDEND OPTION TO Used to Purchase Paid-Up Additions to the Policy Accumulated at Interest Applied on Payment of Premium Paid in Cash AUTOMATIC PREMIUM LOAN Add the Automatic Premium Loan provision to the policy. Add Automatic Premium Withdrawal (APW) to Annuity rider. Terminate the operation of Automatic Payment of Premium provision. Make the Automatic Payment of Premiums provision operative. POLICY CERTIFICATE This contract is lost, has been misplaced or inadvertently destroyed and is not in my possession. Please forward a policy certificate. DUPLICATE POLICY (\$25.00 Fee) Fee must accompany this request. PC Non-FORFEITURE CONTRACT NOT REQUIRED Reduced Paid Up Insurance Extended Term Insurance Without Loan With Loan With Loan PC Terrify, under penalty of perjury, that: (1) The number shown on this form is my correct taxpayer identification number, and; (1) The number shown on this form is my correct taxpayer identification number, shown on this form is my correct taxpayer identification number, shown on this form is my correct taxpayer identification number, shown on this form is my correct tax	I/We the undersigned, do of the policy, subject to t	he terms and conditions of t	he policy and to	bear interest at the r	ate provid	ded in the Polic	y.			
Any such assignment or vested interest shall be secondary and subordinate to this agreement to said Company. POLICY SURRENDER (See reverse side for Policy/Rider Surrenders.)	thereof are hereby assigr edness to said Company	ed to MIDLAND NATIONAL on account of said policy.	LIFE INSURANCI	E COMPANY as secu	rity for the	e amount of th	is loan and interes	st thereon, and a	ter due by vin any other inde	bt-
POLICY SURRENDER (See reverse side for Policy/Rider Surrenders.) 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	Said policy is in the poss	ession and control of the un	dersigned, and is	s not assigned or sul	ject to ar	ny vested inter	ests except as foll	ows:		
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										
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: Policy is attached	Any such assignment or	vested interest shall be seco	ndary and subor	dinate to this agreen	nent to sa	id Company.				PS
DIVIDEND OR PDA SURRENDER	I/We the undersigned, re	quest payment of the net sur	render value in e	xchange for the surre	nder of th	ne attached pol	icy. No bankruptcy	r proceedings file	ed for or again	
CHANGE DIVIDEND OPTION TO Used to Purchase Paid-Up Additions to the Policy Accumulated at Interest Applied on Payment of Premium Paid in Cash AUTOMATIC PREMIUM LOAN Add the Automatic Premium Loan provision to the policy. Terminate the operation of Automatic Payment of Premium provision. POLICY CERTIFICATE This contract is lost, has been misplaced or inadvertently destroyed and is not in my possession. Please forward a policy certificate. DUPLICATE POLICY (\$25.00 Fee) Fee must accompany this request. PC NON-FORFEITURE CONTRACT NOT REQUIRED Reduced Paid Up Insurance Endorse policy as: Extended Term Insurance Without Loan With Loan PC 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.	☐ Policy is attached	□ Policy is lost								
CASh \$ Reduce Loan Loan Interest Pay Premium on Policy Number(s) CHANGE DIVIDEND OPTION TO Used to Purchase Paid-Up Additions to the Policy Accumulated at Interest Applied on Payment of Premium Paid in Cash AUTOMATIC PREMIUM LOAN Add the Automatic Premium Loan provision to the policy. Add Automatic Premium Withdrawal (APW) to Annuity rider. Terminate the operation of Automatic Payment of Premium provision. Make the Automatic Payment of Premiums provision operative. POLICY CERTIFICATE This contract is lost, has been misplaced or inadvertently destroyed and is not in my possession. Please forward a policy certificate. DUPLICATE POLICY (\$25.00 Fee) Fee must accompany this request. PC NON-FORFEITURE CONTRACT NOT REQUIRED Reduced Paid Up Insurance Without Loan With Loan PC 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.				I/We the ur	dersigne	d, hereby requ	est that the Comp	any Surrender D	ividends as fo	ollows:
Used to Purchase Paid-Up Additions to the Policy	□ Cash \$	□ Reduce Loan	□ Loan Inter		-		-			
AUTOMATIC PREMIUM LOAN Add the Automatic Premium Loan provision to the policy. Terminate the operation of Automatic Payment of Premium provision. Add Automatic Premium Withdrawal (APW) to Annuity rider. Make the Automatic Payment of Premiums provision operative. POLICY CERTIFICATE This contract is lost, has been misplaced or inadvertently destroyed and is not in my possession. Please forward a policy certificate. DUPLICATE POLICY (\$25.00 Fee) Fee must accompany this request. PC NON-FORFEITURE Endorse policy as: Extended Term Insurance Endorse policy as: Extended Term Insurance Without Loan With Loan PC Certify, under penalty of perjury, that:	☐ CHANGE DIVIDEND O	PTION TO								
Add Automatic Premium Loan provision to the policy. Terminate the operation of Automatic Payment of Premium provision. Add Automatic Premium Withdrawal (APW) to Annuity rider. Make the Automatic Payment of Premiums provision operative. Make the Automatic Payment of Premiums provision operative. DUPLICATE This contract is lost, has been misplaced or inadvertently destroyed and is not in my possession. Please forward a policy certificate. DUPLICATE POLICY (\$25.00 Fee) Fee must accompany this request. PC NON-FORFEITURE Endorse policy as: Extended Term Insurance Extended Term Insurance Without Loan With Loan PC 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.	☐ Used to Purchase Pai	d-Up Additions to the Policy	☐ Accumul	ated at Interest	Applied	on Payment o	f Premium 🗆	Paid in Cash		
□ Terminate the operation of Automatic Payment of Premium provision. □ Make the Automatic Payment of Premiums provision operative. □ POLICY CERTIFICATE			_							
DUPLICATE POLICY (\$25.00 Fee) Fee must accompany this request. NON-FORFEITURE Endorse policy as: Endorse policy as: Extended Term Insurance Endorse policy as: Contract Not recourse the policy as: Extended Term Insurance Extended Term Insurance Without Loan With Loan PC I certify, under penalty of perjury, that: (1) The number shown on this form is my correct taxpayer identification number, and; 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.		•								
Endorse policy as: Extended Term Insurance Without Loan With Loan PC		The state of the s	•	•	royed and	d is not in my p	ossession. Please	e forward a polic	cy certificate.	PC
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.	□ NON-FORFEITURE		CONTRACT N	NOT REQUIRED			Reduced Paid L	Jp Insurance		
 (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. 	Endorse policy as:		☐ Extende	d Term Insurance			☐ Without Loan	☐ With Loar	n	PC
Date Owner's Signature Owner's Social Security #	(1) The number shown on(2) I am not subject to ba	this form is my correct taxp ckup withholding either beca	ause I have not b	peen notified that I a			hholding as a res	ult of failure to r	report all inter	est or
	Date		Ow	ner's Signature				Owner's Social	Security #	
Joint Insured's Signature (If any) Signature of Owner's Spouse, recommended in community property states.	loi	nt Incured's Signature (If an	w)		inature of	Owner's Spor	se recommended	Lin community	nronerty state	

	Page 2	
Annuitant Nar	me	
Policy Numbe	er	
	REQUEST FOR WITHDRAWAL/SUF	RRENDER
	the undersigned on Page 1 or Page 2 request a partial withdraw/rider, but wish to keep the balance of the policy/rider active .	wal of \$ from the identifie
I/We t	the undersigned on Page 1 or Page 2 request to fully surrender al	Il value present in my Annuity policy/rider.
	hat no bankruptcy proceedings filed by or against me are now pen except as follows:	nding and that no liens are outstanding against thi
	me Tax Withholding Election: from annuities are subject to federal income tax withholding	unless you elect not to have withholding anni-
Withholding is exceeds \$200	is based on the portion of the withdrawal that is includible in your ion on an annual basis (calendar year withdrawals are aggregate return of your own non-deductible contribution to the contract.	income subject to federal income tax if this portion
do not have e	may be changed at any time by written notice to the Company. If enough federal income tax withheld from your withdrawals, you m or penalties under the estimated tax rules if your withholding and o	nay be responsible for payment of estimated taxes
INSTRUCTION	NS – This section is required to be completed before a check ca	an be released.
Check Box A apply.	if you do not want federal income tax withheld from this withdra	awal. Check Box B if you want to have withholdin
A I do	not want to have federal income tax withheld.	
B I wa	ant to have federal income tax withheld.	
(1) The nur (2) I am no result o	er penalty of perjury, that: mber shown on this form is my correct taxpayer identification nur of subject to backup withholding either because I have not been no of failure to report all interest or dividends, or the Internal Revenue cup withholding.	otified that I am subject to backup withholding as
Date	Owner's Signature	Owner's Social Security #
Date	Signature of Owner's Spouse, if required in Community Property States.	I