


CLIENT SERVICES REQUEST

Page 1 – PLEASE PRINT

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

REQUEST

ADDRESS CHANGE New address: _____

Owner _____

Insured _____ **PS**

NAME CHANGE – This section can not be used to change the policy Owner or Beneficiary.

Name of: Insured Owner _____ has changed

from _____ to _____

(First Name) (M.I.) (Last Name) (First Name) (M.I.) (Last Name)

because of _____ on _____ **PS**

CHANGE MODE OF PREMIUM PAYMENT TO Direct Bill: Annual Semi-Annual Quarterly

Mode Change Effective Date _____ (Please submit any Due Premium)

POLICY LOAN Send Check For: Maximum loan value \$ _____ of loan value To: Agent 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. If your policy contains a premium guarantee account that extends the death benefit guarantee on your policy; taking a loan or withdrawal could cause the length of your death benefit guarantee to be reduced, and in some cases the death benefit guarantee may be terminated. **PS**

POLICY SURRENDER (See reverse side for Policy/Rider Surrenders.)

NOTE: Surrendered policies are not eligible for reinstatement.

DIVIDEND OR PDA SURRENDER I/We the undersigned, hereby request that the Company Surrender Dividends as follows:

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**

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.

_____ Date _____ Owner's Signature _____ Joint Insured's Signature (If any)

_____ Owner's Social Security # _____ Signature of Owner's Spouse, (Required if issue or resident state is-AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI)

Name _____

Policy Number _____

REQUEST FOR WITHDRAWAL/SURRENDER

Check One Box

- Please fully surrender my life insurance. **(NOTE: Surrendered policies are not eligible for reinstatement.)**
 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:

LB

- Policy is attached Policy is lost

- Please process a partial withdrawal/partial surrender on my life insurance policy.
 _____ Maximum amount _____
 _____ Specified amount \$ _____

If your policy contains a premium guarantee account that extends the death benefit guarantee on your policy; taking a loan or withdrawal could cause the length of your death benefit guarantee to be reduced, and in some cases the death benefit guarantee may be terminated.

- Please process a withdrawal from my annuity rider.
 _____ Maximum amount (this will surrender the rider)
 _____ Specified amount \$ _____

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, (Required if issue or resident state is-AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI)	
Date	Signature of Joint Owner or Second Officer with Title	