

AGENT CONTRACT TRANSMITTAL FORM

ML
MIDLAND
NATIONAL
LIFE
INSURANCE CO.
ANNUITY DIVISION

This form should be completed for any new agents you are contracting or for any changes to an existing agent's commission level.

- New Agent
 Existing Agent

Agent/Agency

DA 500

Agent Number

Contract Level for Agent

Effective Date

Please sign and date below. This will initiate the change(s) to the above contract allowing override commissions to be paid.

X

DANNY FISHER, CLU, ChFC • 1M98

Overriding Agent Name and Number

Date

Additional Contracting Requirement:

The Agent must complete an Agent Certification Exam before MIDLAND NATIONAL will issue an annuity.

- 1) Submit Required Contracting Forms to **The Fisher Agency**, along with your first application.
(Midland will not contract an agent until the agent submits an annuity application!)
- 2) **MIDLAND NATIONAL** will suspend the annuity application until you have successfully completed the **Agent Certification Exam**.
- 3) An Agent Number will be assigned to you. **MIDLAND NATIONAL** will forward your Agent Number to you as quickly as possible with instructions on how to take the **Exam**.
- 4) When you have your Agent Number, go to the **www.midlandannuity.com** website and complete the **Exam** as soon as possible.
- 5) When you have successfully completed your exam, the New Business department will "un-suspend" the annuity application, backdate the issue date to the appropriate date (typically the date received in the Home Office) and issue the contract.

Submit All Forms to:

THE FISHER AGENCY, INC.
13140 COIT ROAD #102
DALLAS, TX 75240-5797

972-238-1450 • 800-822-1450 • FAX: 972-680-0562
DANNY@MRANNUITY.COM • WWW.MRANNUITY.COM

306821



Licensing Requirement: You must complete the online Agent Certification (<http://mnlife.agentcertification.com>) and AML Training (<https://mnlife.com/aml>) before you solicit any Fixed Annuity Business.

(Home Office Use Only)

First Name		M.I.	Last Name			Date of Birth			Social Security Number:			National Producer Number:			
						Month	Day	Year							
Type of Appointment: <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Both				Contract Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation+				Taxpayer ID Number:				CRD Number*:			
Residence Address (Street, City, State, County, Zip):									Residence Telephone: ()						
Business Name:									Business Telephone: ()						
Business Address (Street):									Fax Telephone: ()						
Business Address (City, State, Zip):						E-Mail Address:									
Broker/Dealer Name*:						1. Professional Designation <input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> LUTCF <input type="checkbox"/> CFP <input type="checkbox"/> Other: _____ 2. Securities Licenses* <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 63 <input type="checkbox"/> RIA States _____									
Broker/Dealer Address*:									Broker/Dealer Phone Number*: ()						

PLEASE RESPOND TO ALL QUESTIONS FOR YOU PERSONALLY AND ANY ORGANIZATION OVER WHICH YOU HAVE EXERCISED CONTROL. IF YOU ANSWER "YES" TO ANY QUESTIONS, YOU MUST ATTACH AN EXPLANATION WITH ALL RELEVANT INFORMATION AND SUPPORTING DOCUMENTS.

- Yes No Do you have Errors & Omissions coverage? (Required by Midland National.) **PLEASE PROVIDE PROOF OF E & O COVERAGE: DECLARATION PAGE.**
- Yes No Have you ever had your insurance or securities license suspended, revoked or terminated, or have you ever had an application for an insurance license denied by any insurance department?
- Yes No Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency or do you anticipate one being filed?
- Yes No Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance and/or securities sales or practices or have you been refused surety bonding?
- Yes No Are you at the present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
- Yes No Have you ever declared bankruptcy?
- Yes No Have you pled guilty or nolo contendere to or been found guilty of a felony or any crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment?
- Yes No Does any person or entity claim any indebtedness from you as a result of any insurance transactions or business?
- Yes No Has your contract or appointment ever been terminated involuntarily by an insurer, broker dealer, or the NASD?
- { I will conform with the procedures outlined in the "Compliance Manual" and "Understanding Your Clients Needs Guide." (Product Guide)

Initial Here

Please list all relatives who are currently licensed to sell life insurance.

Name _____	Relationship _____	SSN _____
Name _____	Relationship _____	SSN _____

CONDITIONS AND AGREEMENTS—By signing this application, I hereby acknowledge I have read a specimen copy of the proposed contract and all applicable supplements and addendums thereto to be entered into between myself and Midland National Life Insurance Company (Midland National). I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, a personalized copy of which will be subsequently forwarded to me by Midland National. I agree not to solicit business until I have been notified by Midland National that I am authorized to do so. I represent and warrant that all information and answers to questions are true and complete. I understand the Fair Credit Reporting act requires Midland National to notify me that, as a routine part of processing my contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, and personal characteristics or mode of living. I further authorize Midland National or its affiliates¹ to obtain a consumer report and Vector One report in connection with this contract application. I further authorize Midland National or any of its affiliates or their duly authorized representatives to contact any organization or

individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity to (a) obtain a record of such history, status or activities and (b) hereby authorize the release of such information by such organization or individual in connection with this application and (c) authorize Midland National or any of its affiliates to release information about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. This authorization shall remain valid and in effect during the term of my contract. We reserve the right to obtain subsequent consumer reports and/or investigative consumer reports on an as needed basis. Any Marketing materials which have not been provided by Midland National must be approved by Midland National prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates. A photocopy of this authorization shall be as valid as the original, regardless of the date it is signed. ¹Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc.

Agent Signature:	Officer Signature*:	Date:
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I have reviewed the above application and I hereby recommend this agent's contract with Midland National Annuity Division.

Signature of Principal of Broker/Dealer*:	B/D Midland Code*:
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*Required for contracting with Variable Annuity only.
+If Officer of a Corporation please sign both Agent and Officer

Fixed Commission Option: A B C D E



Commission Direct Deposit Authorization Form

This authorization gives Midland National and your financial institution the authority to deposit your pay directly to your account. To take advantage of this service, all you need to do is:

1. Mark the appropriate box specifying that your pay will be deposited to either your checking account 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.

NOTE: Be sure to sign the form!

DIRECT DEPOSIT AUTHORIZATION—Please fill out and return to the Licensing Department.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my:

Checking Account

Savings Account

each pay period. Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return to the Company the amount of any such coverage. The authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION'S NAME

YOUR NAME (PLEASE PRINT)

BRANCH

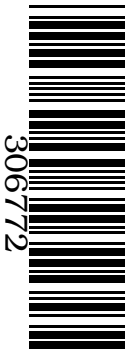
YOUR ACCOUNT NUMBER

CITY STATE

YOUR SIGNATURE MIDLAND NATIONAL CODE #

DATE

STAPLE VOIDED CHECK HERE



Midland National Life Insurance Company • P.O. Box 79907 • Des Moines, Iowa 50325-0907