Electronic Funds Transfer for Withdrawals

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

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

MIDLAND NATIONAL
Life Insurance Company • Annuity Division
4601 Westown Parkway • Suite 300 • West Des Moines, IA 50266 • www.midlandannuity.com

I. This authorization gives Midland National and your Financial Institution named below the **authority to deposit your withdrawals** directly to your designated account. You should generally expect to have your funds available in your account within three (3) business days of the date of processing by Midland National. Midland National is not responsible for any direct or indirect loss of interest, expenses, penalties, fees, costs, or other monetary consequences related to or arising from the electronic funds transfer (EFT) process.

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

1. **Mark the appropriate box specifying that your withdrawals will be deposited to 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.**

I (We) authorize you and the Financial Institution listed below to automatically deposit my withdrawals.

☐ **Checking Account (Copy of voided check required)** ☐ **Savings Account**

Should an inappropriate deposit be made, the Financial Institution is authorized to make debit entries to my account and return to Midland National the corrected amount. This authorization will remain in effect until I have cancelled it in writing.

II. Owner's Information

Contract Number

First Name **MI** **Last Name** **Phone** ( ) -

E-mail Address (Optional)

III. 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 **Date** / /

Joint Owner's Signature **Date** / /