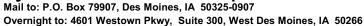
## Systematic Withdrawal Request





I. Account Information **Annuity Contract Number Owner's Name: First Name** МΙ **Last Name** Joint Owner's Name: (If applicable) **First Name** ΜI **Last Name** Trust or Corporation Name (If current owner is a Trust or Corporation) **Owner's Mailing Address: Street Address** Address (cont.) City State Zip Code **Phone II. Payment Information** The payment amount should be based on one of the following calculations: (\$100 minimum check, \$50 minimum via EFT) Please select one: Interest Only (actual interest credited during the check period); ☐ Fixed amount of \$ (gross amount) Please pay in the following mode: Monthly Quarterly Semi-annually Annually I wish to receive income via Systematic Withdrawals from the above named annuity with payments to begin: Date Note: Payments that exceed penalty free amounts as specified in the contract may incur a surrender charge. I understand that if withdrawals exceed my annual penalty-free amounts, subsequent checks will be reduced by the appropriate surrender penalty. Systematić Withdrawals will be deemed as interest first and as such reported as taxable income. Distributions prior to my age 59½ may also be subject to IRS premature distribution penalties. I further acknowledge that Midland National Life Insurance Company has made no representation that the above distribution

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schedule will fulfill my specific tax obligations.

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(Spousal signature applicable only if the contract was issued in or the contractholder resides in: AZ, CA, ID, LA, NM, NV, TX, WA, or WI)

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