Fixed Annuity Application

MIDLAND NATIONAL Life Insurance Company 4601 Westown Parkway • Suite 300 • West Des Moines, IA 50266 Annuities at their Best

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

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

Annuitant Gender Male Female U.S. Citizen Yes No
First Name MI Last Name Social Security Number
Street Address Birth Date (mm/dd/yyyy)
City State Zip Phone
Joint Annuitant (if applicable) Must be spouse of Annuitant Gender
First Name MI Last Name
Birth Date (mm/dd/yyyy) Social Security Number
Address and Phone Number Same as Annuitant
Street Address
City State Zip Phone
Owner (if different than annuitant) Gender Male Female U.S. Citizen Yes No
First Name MI Last Name Birth Date (mm/dd/yyyy)
Trust/Corporation Name Trust Date (mm/dd/yyyy)
Street Address SSN/Tax/Employee ID No.
City State Zip Phone
1
Joint Owner (if applicable) Gender Male Female U.S. Citizen No
Joint Owner (if applicable) Gender Male Female U.S. Citizen Yes No First Name MI Last Name
Joint Owner (if applicable) Gender Male Female U.S. Citizen Yes No First Name MI Last Name
Joint Owner (if applicable) Gender Male Female U.S. Citizen Yes No First Name MI Last Name
Joint Owner (if applicable) Gender Male Female U.S. Citizen Yes No First Name MI Last Name Birth Date (mm/dd/yyyy) Social Security Number
Joint Owner (if applicable) Gender
Joint Owner (if applicable) Gender





Annuities at their Best, r's Owner's Beneficiary Designation* - In the event of the owner's death, death benefit process and primary beneficiary. If there are joint owners, the death benefit is payable upon the first death. If there are joint owners, the surviving joint owner, if any, will be the designated primary beneficiary unless otherwise specified below. Note: Complete the Owner's Beneficiary Section if you want to name someone other than the surviving Owner to receive 100% of the death benefit. If the owner's primary beneficiary is no longer living at the time of the owner's death, the owner's contingent beneficiary will receive the death benefit proceeds. Primary Contingent First Name MΙ Last Name Birth Date (mm/dd/yyyy) Social Security Number (SSN)** Relationship To Owner Percentage Primary Contingent First Name Last Name Birth Date (mm/dd/yyyy) ΜI SSN** Relationship To Owner Percentage Estate Other Trust Corporation Full Name Primary ☐ Contingent Tax ID Number (TIN)** Percentage Trust Date (mm/dd/yyyy) Annuitant's Beneficiary Designation* - Complete this section only if the owner(s) and annuitant(s) are not the same. In the event of the annuitant's death, death benefit proceeds are payable to the annuitant's primary beneficiary. If there are joint annuitants, the death benefit is payable upon the second death. If the annuitant's beneficiary is no longer living at the time of the annuitant's death, the annuitant's contingent beneficiary will receive the death benefit proceeds. Primary Contingent First Name Last Name Birth Date (mm/dd/yyyy) SSN** Relationship To Owner Percentage % Primary Contingent First Name Last Name Birth Date (mm/dd/yyyy) ΜI SSN** Relationship To Owner Percentage Corporation Estate Other Trust Full Name

Trust Date (mm/dd/yyyy)



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Contingent

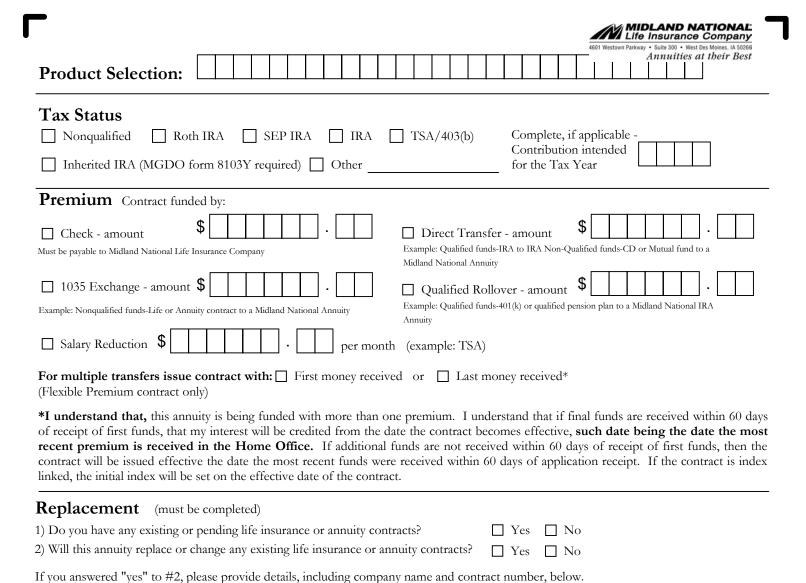
TIN**

Primary

Percentage

^{*}For additional beneficiaries use the Beneficiary Designation Form (8014Y).

^{**} In order to verify beneficiary identification when a Social Security Number or TIN is not provided, a request to obtain either the SSN/TIN or beneficiary address will be sent to the Owner following issue of the contract.



Fraud Warnings and Other Disclosures

product. Please retain all such copies for future reference.

DC, KY, LA, ME, NM, OH, OK PA, TN and VA Residents: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. CO Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an the purpose of defrauding or attempting to defraud the contract savings association. holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WA Residents: It's a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **FL Residents:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Financial Institution Disclosure: Insurance policies and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insurance company who knowingly provides false, incomplete or insured by the Federal Deposit Insurance Corporation (FDIC) or any misleading facts of information to a contractholder or claimant for other agency of the United States, a bank, any affiliate of a bank, or

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Your agent is required to leave with you the original or a copy of all written or printed sales material used in the sale of this

Company Name:

Contract Number: _

MIDLAND NATIONAL Life Insurance Company 4601 Westown Parkway • Suite 300 • West Des Moines, IA 50266 Annuities at their Best

Owner's Statement

All statements made in this application are true to the best of my/our knowledge and belief, and I/We agree to all terms and conditions as shown on this application. I/We further agree that this application shall be a part of the annuity and that the Annuitant is aware that he/she was designated as Annuitant. I understand that if I am applying for a Fixed Indexed Annuity that while the values of the contract may be affected by an external index, the annuity does not directly participate in any stock or equity investments. I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties. I understand that if the contract being applied for contains an Interest Adjustment (also known as a market value adjustment), the benefits and values of this contract may increase or decrease. Amounts payable under the contract being applied for will be subject to a market value adjustment (if applicable) when the contract is surrendered or a surrender above the free surrender amount is taken prior to the date specified in the contract. Tax payer ID Certification - Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding, and 3. I am a U.S. Person (including an US Resident Alien).

Owner's Signature	Joint Owner's Signature	Spouse's Signature (Required in AK, AZ, CA, ID, LA, NV, NM, TX, WA & WI)		
Annuitant Signature (Required in UT)				
Signed at: City	State Date Signed			
Information Will this annuity replace or ch	y Agent only) existing or pending life insurance or annuity contract nange any existing life insurance or annuity contract ne of the company			
applicant and recorded full details as required	determined that all questions are answered fully, consideration that any subsequent modifications of the have not made any statement which differs from the tot.	or additions made to the application after it		
License ID Number - Required in FL Agent Date Signed -	Number Percentage %	For Agent Use Only A B C		
Agent/Broker's Full Name (please print) License ID Number - Required in FL A	Agent/Broker's Signature gent Number Percentage %	Phone Number For Agent Use Only A B C		
Additional Agent Name (please print)				



SUBMIT WITH APPLICATION





Deferred Annuity Suitability Form

Thank you for your interest in a Midland National Annuity. Before we can process your application and issue your contract, we would like to confirm that your annuity purchase suits your current financial situation and long-term goals.

Please note that if this form is not completed in full, signed, and dated, we are unable to consider your application.

	information you provide will be treated w	rith the highest degree of co	•
Joint Applicant/Owner's First Name MI	Last Name		
A. FINANCIAL AND TAX STATUS			
1. Annual household income: \$.00		
2. Federal Income Tax Bracket (estimat	ted): 0% 10% 15% 25%	☐ 28% ☐ 33% ☐ 35	%
3. Net Worth: \$.00 (exclude primary residen	nce)	
4. Source of Funds for the purchase of	this annuity (check all that apply): Sto	ocks/Bonds/ Mutual Funds	Pension
☐ Annuity ☐ Checking/Savings	Life Insurance Bank CD C	Other	
	h, financial and tax status, investment objections this annuity?		Yes No
do you believe this deferred annuity of	urce of funds, liquidity needs, and time ho contract is suitable for your financial situat	ion	. Yes No
B. FINANCIAL OBJECTIVES			
	ing this annuity (check all that apply): \(\begin{aligned} Tong-term growth, with a transferm growth, which is the property of		
☐ Immediate annuity (Complete form			
	le for monthly living expenses, medical exp inned for this annuity or any other annuiti		Yes No
Other than penalty-free withdrawals, the surrender charge period?	ith substantial penalties for early surrender do you currently anticipate taking any oth	er withdrawals during	. Yes No
during the surrender charge period, t	noney out of this annuity, in excess of the hat you will incur a surrender charge and	-	Yes No
5. Will a trust be named as the Owner of If "NO", skip to Section C. If "YES	or Beneficiary of this annuity contract? S", answer question 6.		Yes No
establishment of a Trust and that any	s annuity contract is in no way required in y fees, costs and/or expenses associated w pendent of any premium paid for the purc	ith the establishment	Yes No
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C. REPLACEMENT
Not applicable - not replacing or changing an existing life insurance or annuity contract to fund this purchase (skip to D).
1. What is the remaining surrender charge associated with the existing contract? (Please attach an additional sheet if more than three contracts will be replaced.)
a. Company Name
b. Company Name
c. Company Name
2. Are you using a penalty free withdrawal from your existing contracts to purchase this annuity?
3. Are you required to annuitize (elect a series of scheduled payments) your existing contract in order for you or your beneficiary to receive the full accumulation value without surrender charges?
4. I agree that my agent has explained how the existing and new contracts compare concerning surrender charges, interest rates, company ratings and all other benefits and features.
5. Replacement Reason (required) - My reason(s) for choosing this replacement contract (attach an additional sheet if necessary). Company Rating of Midland National Interest Rates/Index Credit Potential Penalty-free Death Benefit Change in Financial Objective Enhanced Benefits Increased Liquidity Multiple Index Options Other - Please Explain
6. Is your current agent the same agent who recommended the purchase of the existing annuity or life insurance contract?
Applicant/Owner Signature: Date://
 E. AGENT STATEMENT ACKNOWLEDGEMENT OF RESPONSIBILITY FOR SUITABILITY RECOMMENDATIONS By signing below, I certify that: 1) I have completed a suitability and needs analysis review regarding the purchase of this annuity; 2) I have reasonable grounds for believing that the recommendation to purchase this annuity is suitable for the Applicant/Owner; and 3) I agree to maintain records of the information provided by the Applicant/Owner and any other information used as the basis for my recommendation. I agree to make such records available for review upon request by Midland National or by any regulatory body as required.
Agent Signature:
Agent Number: Date: / / / /



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CUSTOMER IDENTIFICATION PROGRAM NOTICE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, the U.S. government passed the USA PATRIOT Act, requiring financial institutions, including insurance companies, to obtain, verify and record information that identifies persons who engage in certain transactions with or through our company.

This means we will need to obtain certain information that allows us to verify your identity. The following information is required for all individuals who are listed as an owner and/or joint owner on an insurance or annuity application, ownership change request, or who will be signing on behalf of a legal entity.

- Name
- Residential/Street Address (P.O. Box not accepted; APO/FPO accepted)
- Date of Birth
- Social Security Number (SSN), Employer Identification Number (EIN) or Tax Identification Number (TIN)

We require our representative to review and verify a current government issued photo ID for each owner listed on the insurance or annuity application or ownership change request. The type of identification used (one required), number and expiration date must be recorded and may be used to further verify the customer's identity using third party sources.

If the owner of the account is a Trust, Corporation or other entity, we will need:

- Name of Entity
- Residential or Business Street address (P.O. Box will not be accepted)
- Corporate Resolution and certified Articles of Incorporation
- Partnership or trust certification with date of incorporation or trust date
- Social Security Number (SSN), Employer Identification Number (EIN) or Tax Identification Number (TIN)

What happens if I don't provide the information requested or my identity can't be verified? Our Company may not be able to accept your application for life insurance or an annuity.

We thank you for your patience and hope that you will support the financial industry's efforts to deny terrorists and money launderers access to America's financial system.

Verification of Identity Form



501 Westown Pkwy, Suite 300 | West Des Moines, IA 50266

						4001 We	SIUWII FRWY. 30	lie 300 Wes	i Des Moilles, la 30
A	Owner #1		_	_		/ /			
	Name (owner, custodian, trustee, or entity)	SSN, EIN, T	ΓIN		Date of	/ / Birth			
1)	THE CITY OF THE CONTRACT OF TH								
	Resident Alien Country of Citizenship: Current Occupation:								
	Employer for past 5 years*	I				ldress for past 5 year	'S*		
	Name	Yrs.	Address					From:	То:
	Name	Yrs.	Address					From:	То:
2)	Natural Person/ Trust Accounts (info of trustee) Representati	vo: Ploaso in	ndicate the	form of ID to	osontod and uso	d to varify this own	ov's idontity		
2)			☐ Military			rt			1
			•		•				
2)	State/Country:	Number:				Exp. Date:	/		/
3)	Non-Natural/Business or Corporation Trust Agreement Certificate of Incorporation	ation	1	Ducinoss	Liannan				
	· ·			Business			,		1
	State/Country:	Tax ID N	umber: _			Date: _	/		
В	Owner #2								
			_	_		/ / Birth			
	Name (owner, custodian, trustee, or entity)	SSN, EIN, T	ΓΊΝ		Date of	Birth			
1)	U.S. Citizen (please proceed to #2)								
	Resident Alien Country of Citizenship:			Curi	ent Occupation				
	Employer for past 5 years*	Yrs.	Address		Your Ac	ldress for past 5 year	<u>'S*</u>	From:	To
									То:
	Name	Yrs.	Address					From:	То:
2)	Natural Person/ Trust Accounts (info of trustee) Representati	ve: Please ir	ndicate the	form of ID pr	esented and use	d to verify this own	er's identity	•	
	☐ Driver's License ☐ State-issued ID		Military	ID	Passpo	rt 🗌 Al	ien Registra	ation Card	l
	State/Country:	Number:				Exp. Date:	/		/
3)	Non-Natural/Business or Corporation								
	☐ Trust Agreement ☐ Certificate of Incorpo	oration	ĺ	Business	License				
	State/Country:	Tax ID N	umber:			Date:	/		/
•	I								
C	Owner(s) Signatures: All owners must sign. A	ittach add	ditional j	pages if ne	cessary.				
	signing this form, I certify that the information provided is ac empt to verify my identity. Midland National is requesting a co								
sol	ely for the purpose of attempting to verify my identity as requ	ired by fede	ral law. Mi	dland Nation	al is not assumir	ng any responsibilit	y for monit	oring, mai	ntaining,
interpreting or enforcing any terms or provisions of those documents.									
	gnatures:					1		/	
Χ.					Date:	/		1	
X					Date:	/		/	
					Datc				
D	Agent's Signatures:								
I a apj	ttest to the fact that I have viewed the above identified docum peared to be that of the owner(s).	entation. I a	also attest t	hat the docu	ment did not app	oear altered and the	e picture ide	entification	n supplied
Ag	ent's Name			Agent's Num	ber				
Ag	ent's Signature			Date		/		/	
L						,		,	

*If additional room is needed, please attached another piece of paper.



1311130

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new contract. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO					
. Are you considering using funds from your existing policies or contracts to pay premiums due on the new contracts YESNO					
If you answered "yes" to either of the above the name of the insurer, the insured or annuit will be replaced or used as a source of finance	tant and the policy or co	ting policy or contract you are co ontract number if available) and w	ntemplating replacing (include whether each policy or contract		
INSURER	POLICY OR	ANNUITANT OR	REPLACED (R) OR		
NAME	CONTRACT#	INSURED	FINANCING (F)		
1.					
2.					
3.					
Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision. The existing policy or contract is being replaced because I certify that the responses herein are, to the best of my knowledge, accurate:					
Applicant's Signature and Printed Name			Date		
Producer's Signature and Printed Name	Date				
I do not want this notice read aloud to me (Applicants must initial only if they do not want the notice read aloud.)					
Producer's Statement					
I certify that only sales materials approved by Midland National Life were used in conjunction with this transaction, and copies of all sales materials including this Important Notice were left with the applicant. If applicable, electronically presented sales materials shall be provided in printed form to the applicant no later than at the time of policy or contract delivery.					
Producer's Signature and Printed Name			Date		

6779Y Original - Midland Office

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable?

Could they change?

You're older--are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

RIGHT TO EXAMINE POLICY - It is important to us that you are satisfied with your policy and that it meets your insurance goals. Read it carefully. If you are not satisfied with it, you may return it to our Executive Office or to your agent within 30 days after you receive it. We will then void it and refund all premiums paid including any policy fees or charges. In the case of a variable or market value adjustment policy, we will refund the Policy Fund plus the sum of all charges deducted from your premiums, the Policy Fund and the Investment Divisions.