



ADDRESS AND NAME CHANGE REQUEST FORM

To be completed for address or name change requests. For questions please contact the Midland National® Life Insurance Company Customer Service Department.

Phone: 800-923-3223 **Fax:** 877-208-6136 **Mail to:** One Sammons Plaza, Sioux Falls, SD 57193

Altered forms, including but not limited to correction fluid will not be accepted. Please ensure this form along with the required documentation is submitted and all sections of this form are completed accurately to ensure prompt processing of your request. Failure to do so may result in a delay in processing.

Policy Information - Please list all policy numbers that require an update.

Policy Number(s) _____

Owner Name _____ Phone _____

Joint Owner Name _____ Phone _____

Mailing Address

For: Owner Joint Owner

Street Address _____

City/State/Zip _____

For: Owner Joint Owner

Street Address _____

City/State/Zip _____

Name Change Information - This form cannot be used for the purposes of changing ownership or beneficiaries.

Name of: Annuitant Insured Owner Joint Owner

Has changed from _____ To _____

Reason for change _____

Date change occurred _____

Note: We require legal documentation to support any name change request. Accepted items: Marriage Certificate, Divorce Decree, Court Orders or corporate resolution. Drivers License or Social Security Cards are not accepted.

Acknowledgment

I/We hereby acknowledge that the information provided herein is to the best of my/our knowledge true and accurate. I/We also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of the request.

Contract Owner Signature _____ Date _____

*Joint Owner Signature _____ Date _____

***If there are multiple owners, all owners must sign before the request can be processed.**

If your request is not in good order, how would you like us to notify you?

Call me at _____

Contact my agent Mail a letter to my address of record