

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.

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.

Spousal Continuance Verification of Identity Form

New Owner

Contract Number _____ Relationship to Deceased _____

New Owner

Mailing Address

City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number _____ Phone Number _____

U.S. Citizen (please proceed to "Natural Person/Trust Accounts" below)

<input type="checkbox"/> Resident Alien		Country of Citizenship:	
Employer for past 5 years*		Your Address for past 5 years*	
Name	Years	Address	From: To:
Name	Years	Address	From: To:

Natural Person/Trust Accounts (info of trustee) Representative: Please indicate the form of ID presented and used to verify this owner's identity.

Driver's License
 State-issued ID
 Military ID
 Passport
 Alien Registration Card

State/Country _____ Number _____ Exp. Date _____

Owner Signature

By signing this form, I certify that the information provided is accurate. I understand that Midland National® will use this information only to attempt to verify my identity.

Signature _____ Date _____

Agent's Signatures

I attest to the fact that I have viewed the above identified documentation. I also attest that the document did not appear altered and the picture identification supplied appeared to be that of the owner.

Agents Name _____ Agent's Number _____

Agent's Signature _____ Date _____

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



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