

Activities of Daily Living (ADL) multiplier recertification form— Midland National Capital Income®



Complete to continue payments under the ADL multiplier provided in your annuity Contract or rider. For questions, please contact Midland National Service Department. See bottom of page for contact information.

Altered forms, including but not limited to correction fluid, strike out, or photocopies will not be accepted. Ensure both pages of this form are submitted and all sections are completed accurately to ensure prompt processing of your request. Failure to do so may result in a delay of the withdrawal.

Account information

Annuity Policy/Contract number

Owner's name

Owner's Social Security number

Phone number

Joint Owner's name

Joint Owner's Social Security number

Phone number

Owner's mailing address

☐ This is a new address

City, State, ZIP

Physician information (required)

Once we receive this form with all information completed we will send the ATTENDING PHYSICIAN STATEMENT FOR ELECTION OF BENEFITS UNDER THE ACTIVITIES OF DAILY LIVING (ADL) RIDER request to your physician to be completed. This form is required to be completed and returned by your physician prior to completion of review for eligibility. In order to expedite the process we are requesting you provide all physician information below.

Physician name

Mailing address

City, State, ZIP

Phone number

Fax number

Date first treated (mm/dd/yyyy)

Date last treated (mm/dd/yyyy)

Recertification information (required)

Name of covered person

Name of Joint covered person (if applicable)

Activities of Daily Living (ADLs) – definitions under our Contract

1. "Bathing" means the ability to wash oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. "Continence" means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. "Dressing" means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. "Eating" means the ability to feed oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. "Toileting" means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. "Transferring" means moving into or out of a bed, chair or wheelchair.

I certify that I continue to be permanently unable to perform at least two of six ADLs selected below. _____ (initial here)

☐ Bathing ☐ Continence ☐ Dressing ☐ Eating ☐ Toileting ☐ Transferring

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 full completed, and failure to complete any portion of this form may delay the processing of the request. The completion of this form is necessary to satisfy the written notice requirement as defined in section one of your Contract.

If this transaction is subject to a community property interest, we strongly recommend that **you** obtain your spouse's signature on the line below to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

You understand and agree that the Company may presume that no community property interest exists if **you** have not obtained your spouse's signature below. Further, **you** understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, **you** agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction.

Note: The term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

Signatures

| | |
|--------------------------------|-------------------|
| Owner signature/assignee | Date (mm/dd/yyyy) |
| Joint Owner signature/assignee | Date (mm/dd/yyyy) |
| Spousal signature | Date (mm/dd/yyyy) |

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

☐ Call me at _____ ☐ Contact my Investment Advisor Representative (IAR) ☐ Mail a letter to my address of record
mm/dd/yyyy



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