

# Customer identification program notice

## USA Patriot Act



P.O. Box 10385, Des Moines, IA 50306-0385

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

## 1. New Owner

Contract number	Relationship to deceased
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New Owner
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Mailing address
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City, State, ZIP
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Date of birth (mm/dd/yyyy)	Social Security number	Phone number
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U.S. citizen (please proceed to "Natural person/Trust accounts" below)

<input type="checkbox"/> Resident alien	Country of citizenship:
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Employer for past five years*		Your address for past five years*	
Name	Years	Address	From: To: (mm/dd/yyyy)
Name	Years	Address	From: To: (mm/dd/yyyy)

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	Expiration date (mm/dd/yyyy)
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## 2. Owner's 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 (mm/dd/yyyy)
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## 3. Agent's signature (only required when proof of identification is not provided.)

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.

Agent's name	Agent's number
Agent's signature	Date (mm/dd/yyyy)

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



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