

Advisory fee request form

OAK ELITE ADVSM



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

Please submit request via email to Securitiespi@sfgmembers.com

This form is used to request that the registered investment advisory fee be distributed ("advisory fee disbursement") from the Annuity Contract ("Contract") issued by Midland National® Life Insurance Company ("Midland National").

Prior to processing any request for an advisory fee made by a registered investment advisor (RIA), Midland National must have a completed Client advisor authorization form providing authorization to process the advisory fee distribution from the Contract.

Any advisory fees distributions will be processed as a Gross Partial Withdrawal from the Contract, are not assessed by Midland National, and are separate from any of Midland National's Contract fees or expenses. Please refer to the Contract to determine any impact an advisory fee distribution may have on the Contract.

Submission date: _____ (mm/dd/yyyy)

General information (all fields required)

Contract Owner's name (first, middle initial, last) If Joint Contract Owners, include both names		Annuity Contract number
CRD number	Registered Investment Advisor's (RIA) firm name	

The Advisory fee will be paid to the RIA firm using the bank account provided on the Advisory profile form. If no bank account was provided, the fee will be paid via physical check, mailed to the RIA firm's address of record.

One-time disbursement for advisory fees (complete this section for a one-time advisory fee withdrawal)

Dollar amount \$ _____

Systematic advisory fee disbursements

Complete this section to setup a systematic advisory fee disbursement. Selections you made below replace any previous systematic advisory fee disbursement instructions on file.

Disbursement option (select one):

☐ Annual percent _____%

* Annual maximum varies by product.

See the Contract for details.

☐ Dollar amount \$ _____

* The dollar amount indicated will be deducted each frequency.

Frequency:

☐ Monthly

☐ Quarterly

☐ Semi-annual

☐ Annual

Requested start date:

• Requested start date _____ (mm/dd/yyyy)

If requested start date occurs before the Contract is issued, the fee will be set up for the next occurrence of the date and frequency selected.

• If no date is provided, the fee will begin on the first available date following Contract issue.

Advisory fee instructions (to be applied to fee disbursements selected above)

Please select one of the following options:

☐ All Separate Account Investment Option(s) on a pro rata basis, followed by pro-rata Cycle Investment Option(s), if necessary (default option if no box is selected)

☐ All Investments (Separate Account Investment Option(s) and Cycle Investment Options(s)) on a pro rata basis; or

☐ Elect a single Separate Account Investment Option of client's/firm's choosing _____ (**Must have sufficient funds in single separate account to cover the full fee amount requested).

Acknowledgments By submitting this form, the submitting party, acknowledges, and understands the following:

- Midland National has no responsibility to review the reasonableness of any request for payment of advisory fees and will not undertake such review.
- Any one-time advisory fee disbursement instructions received after an event that terminates a party's authority to request advisory fee withdrawals, (including but not limited to death of the Contract Owner, a change of ownership, full surrender or annuitization of the Contract) will not be processed.
- It is the RIA's responsibility to notify Midland National to discontinue an existing systematic advisory fee disbursement. Midland National will not discontinue systemic advisory fee disbursements until instructions in Good Order are received by an authorized Party.

Print name - authorized person

Securities distributed by Sammons Financial Network®, LLC., member FINRA. Insurance products are issued by Midland National® Life Insurance Company (West Des Moines, IA).



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