

# Billing authorization



8300 Mills Civic Pkwy, West Des Moines, IA 50266-3822, 877-586-0244

Financial Institution name		
Street address	City, State	ZIP
Financial Institution telephone	Account number	Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Name on account	Name on account	Routing number

I request and authorize Midland National Life Insurance Company (the "Company") to make withdrawals, by draft or electronic transfer, from my account with the Financial Institution named above for quarterly fees as specified by the annuity contract/certificate, including any amendments, endorsements or riders, (the "Certificate") issued by the Company, or as agreed to by me, and for such other payments as I may authorize. I request that the withdrawals be on or before the dates when payment(s) are due. I understand that this authorization in no way affects the terms of the Certificate, other than the mode of payment, and I understand that if the fees are not paid within the grace period allowed by the Certificate then it shall terminate.

I hereby authorize the Financial Institution named above to accept and honor the draft or electronic transfer withdrawals from my account identified above. I also authorize the Financial Institution to deduct Certificate fees, the amount of which may vary, from the account number referenced above upon the receipt of invoices from the Company or its Service Provider "Fee Instruction". I agree that the Financial Institution is authorized to rely in good faith upon the Fee Instruction provided and is not required to review the Fee Instruction. I agree that the rights in respect to each draft or transfer shall be the same as if it were a check drawn on the account and signed personally by me and that Financial Institution shall be fully protected in honoring such draft or transfer. I further agree that if any such draft or transfer is dishonored, whether with or without cause and whether intentionally or inadvertently, the Financial Institution shall be under no liability whatsoever if such dishonor results in the cancellation of insurance due to the non-payment of Certificate fee/premiums.

These authorizations shall remain in effect until revoked in writing and mailed to the other parties at the address of record. The Company and/or Financial Institution shall have a reasonable time to act on the revocation notice.

I have retained a copy of these authorizations.

Owner's signature	Date signed	Title (if applicable)
Joint Owner's signature	Date signed	Title (if applicable)

\* Please note depending on the custodian/holder of your assets, pulling fees from a qualified account may or may not be allowed. Please contact your Investment Advisor or qualified account custodian/holder for more information.

The withdrawal of fees from certain accounts may result in tax consequences. Consult a tax advisor regarding the tax treatment of such fee withdrawals.