

# Authorization to share and to provide direction



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

## Authorization to Share Information

The undersigned certificate owner and joint certificate owner (hereinafter individually and collectively the "Certificate Owner"), hereby authorizes and directs both their investment advisor ("Advisor") and the financial institution or custodian ("Custodian") holding an account on their behalf in connection with the relationships contemplated herein, to provide Certificate Owner's personal information (collectively, "Personal Information"), including, but not limited to, their name, address, social security number, financial account numbers, and investments, including data feeds from their Certificate Owner's custodial account related to the annuity certificate and/or contract that the Certificate Owner's purchases in connection with this Authorization ("Certificate"), as may be necessary or appropriate to assist Certificate Owner, Midland National Life Insurance Company and its affiliates (the "Company"), and the broker/dealer through which the annuity is purchased, in completing and reviewing Certificate Owner's application, making a suitability determination, establishing an account for Certificate Owner, and maintaining the account and related Certificate.

The Certificate Owner understands that this authorization will be relied upon by both their Advisor and Custodian as evidence of their desire to share their Personal Information with the Company noted above.

## Authorization to Provide Direction

The Certificate Owner authorizes Advisor to assist in maintaining their Certificate Owner's account and interest in the Certificate by giving Advisor full power and authority to do and perform any and every act necessary, requisite, or proper in connection with the foregoing. The Certificate Owner hereby ratifies, approves, and confirms all that Advisor shall do with respect to the account or Certificate.

Registered Investment (RIA) name		RIA Phone Number (including area code)
RIA Payment Street Address		RIA CRD number
RIA City, State, ZIP	RIA Email Address	
Investment Advisor Representative (IAR) name	IAR State	IAR CRD number

## Authorization to Share Information

By signing this authorization, the Certificate Owner also expressly authorizes and directs the Company to receive, make use of, share, and transmit Personal Information about the Certificate Owner, amongst each other and with Advisor as necessary to open, maintain, and service Certificate Owner's account and as is reasonable and appropriate in connection with the purchase and, as applicable, maintenance or termination of the Certificate. The Company is an intended third party beneficiary of this authorization and direction.

This authorization is effective immediately and will continue until it is revoked or terminated by the Certificate Owner. The Certificate Owner may revoke or terminate this authorization by delivering written notice to the Advisor and Company.

The Certificate Owner acknowledges they have received and read the prospectus offering the Certificate and have fully apprised themselves of the benefits, risks, and costs of purchasing a Certificate.

Custodian name	Custodial account number
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Certificate Owner's name (print)	Certificate Owner's signature	Date signed
Joint Certificate Owner's name (print)	Joint Certificate Owner's signature	Date signed