Account change request form
Constance

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

To be completed for address, name or account allocation changes on Constance Contingent Deferred Annuity Contract (CDA) only.

Altered forms, including but not limited to correction fluid will not be accepted. Ensure this form along with the required documentation is submitted and all sections of this form are completed accurately to ensure prompt processing of your request. Failure to do so may result in a delay in processing.

CLEAR ALL

1. Account information

Certificate/Contract number(s)

Owner name	Phone number
Joint Owner name	Phone number

2. Mailing address

For: ☐ Owner ☐ Joint Owner

Street address

City, State, ZIP	Email address

For: ☐ Owner ☐ Joint Owner

Street address

City, State, ZIP	Email address

3. Name change information - This form cannot be used for the purposes of changing Ownership or Beneficiaries.

Changed from	To
Reason for change	Date change occurred (mm/dd/yyyy)

Note: We require legal documentation to support any name change request. Accepted items: Marriage certificate, divorce decree, court orders or corporate resolution. Driver's license or Social Security cards are not accepted.

4. Asset allocation tier or model portfolio change

Choosing a model that is not approved will cause a delay in processing. Please visit www.midlandnational.com/constance-models for information on eligible model portfolios. Please note changing to a different tier or model could result in changes to your certificate fee.

Please indicate the change to a new tier or model below.

☐ **Model portfolio** _____

Or

Asset allocation: ☐ **Tier A** ☐ **Tier B** ☐ **Tier C**

Date of requested change* _____ (mm/dd/yyyy)

* If the elected date is not a business day, the change will be processed on the following business day.

5. Acknowledgments and signatures

CA Residents: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

All Residents: 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 fully completed, and failure to complete any portion of this form may delay the processing of the request.

Contract Owner signature	Date (mm/dd/yyyy)
Joint Owner signature	Date (mm/dd/yyyy)
Agent/Advisor signature	Date (mm/dd/yyyy)

***If there are multiple Owners, all Owners must sign before the request can be processed.**

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