

III. Method of Payment

Please choose one of the following options:

- Regular Mail
- Electronic Funds Transfer Authorization - I authorize Midland National and the financial institution listed below to automatically deposit withdrawals into: Checking Account Savings Account

If the method of payment is not completed, we will send a check via regular mail.

Financial Institution's Name

[Grid for Financial Institution's Name]

Street Address

[Grid for Street Address]

Address (cont.)

[Grid for Address (cont.)]

City

[Grid for City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

Account Number

[Grid for Account Number]

Routing Number (ABA#)

[Grid for Routing Number (ABA#)]

A voided check is required for verification of all financial institution information.

Should an inappropriate deposit be made, the financial institution is authorized to make a debit entry to my account and return to Midland National the corrected amount. This authorization will remain in effect until I have cancelled it in writing.

IV. Election of Withholding (Must be completed)

Election of Withholding Instructions: You must indicate if Federal/State income taxes should be withheld from your payment by signing and dating this election form and returning it to Midland National. State taxes will be withheld only if required by your state. Even if you elect not to have Federal/State income taxes withheld, you are liable for Federal/State income taxes on the taxable portion of your benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payments of estimated tax and withholding, if any, are not adequate. If no election is made, **10% Federal income tax will be withheld.**

Check One:

- I do not want Federal/State income taxes withheld from my payment.
- I do want Federal/State income taxes withheld from my payment. Federal [] [] % State [] [] %

TAXPAYER IDENTIFICATION NUMBER (TIN):

Social Security Number

[Grid for Social Security Number]

Employer Identification Number

[Grid for Employer Identification Number]

JOINT TAXPAYER IDENTIFICATION NUMBER (TIN):

Social Security Number

[Grid for Social Security Number]

Employer Identification Number

[Grid for Employer Identification Number]

Certification - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Person.

Contract Owner Signature/Assignee: _____ Date: _____

Joint Owner Signature/Assignee: _____ Date: _____

Spousal Signature: _____ I am not married Date: _____

(Spousal signature applicable only if the contract was issued in or the contractholder resides in: AZ, CA, ID, LA, NM, NV, TX, WA, or WI)

