Election of Withholding

(Must be Completed)

Policy Number (if known)_____

Full Name of Owner_____

(Must be same as what appears on Federal Tax Return)

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 Life Insurance Company. 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, we are required to withhold Federal Tax.**

Check One: ❑ I **do not** want Federal/State income tax withheld from my payment.

❑ I **do** want Federal/State income tax withheld from my payment. **(Please choose A or B.)**

A. Federal _____% State_____%

B. Total number of allowances and marital status you are claiming from each periodic pension or annuity payment _____ (enter number of allowance(s)).

Marital Status: ❑ Single ❑ Married ❑ Married, but withhold at a higher Single rate

Additional amount, if any you want withheld from each pension or annuity payment _____.

TAXPAYER IDENTIFICATION NUMBER (TIN):

Social Security Number _____/_____/_____ or Employer Identification Number _____/_____

Certification - Under penalties of perjury, I certify that:

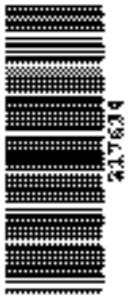
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to back-up 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.

Dated at _____ (City), _____ (State).

this _____ day of _____ _____ (Social Security Number)

_____ (Owner's Signature) _____ (Social Security Number)

_____ (Joint Owner's if applicable)



MIDLAND NATIONAL
Life Insurance Company • Annuity Division
4601 Westown Parkway • Suite 300 • West Des Moines, IA 50266