Table of Contents

Link to Pension Website:
Creating Your Account:
Logging In:
Top Navigation21
Footer Navigation
Forgot your Password?:
Change Your Email (login required):
Change Your Password (login required):
View Additional Certificates (login required):40
Make Changes to Certificate Information (login required):44
Change Address:
Change Phone Number:
Change Bank Information (Direct Deposit):
Beneficiary Change:
Name Change:
Withholding Change:
Taxpayer Identification Number Change: 71
Certificate Request:74
Other Request:
Download our Form:
Tax Information (login required):80
Need Help?
Appendix A—Authentication Methods83
Appendix B—Email Confirmation Examples100
Appendix C—Pending Request Examples103

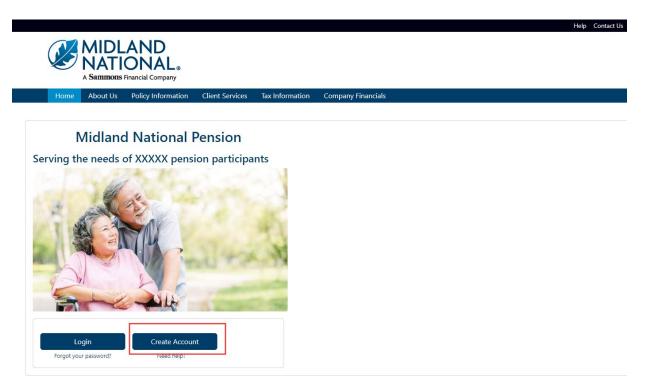
Complete Website Instructions

Link to Pension Website:

https://www.midlandnationalpension.com

Creating Your Account:

1. Click on the 'Create Account' button' located at the bottom of the screen



- 2. Provide the information requested on the screen:
 - First Name
 - Last Name
 - Email Address (This is required to be entered twice for verification purposes)
 - Password (Create a password here. Password requirements are listed on the screen. This is also required to be entered twice for verification purposes.)
 - Certificate Number (located on Page 2 of your Welcome Packet)
 - Last Four Digits of Social Security Number
 - Your Birthdate (MM/DD/YYYY format)
 - CAPTCHA Verification (type in the value provided in the box displayed below this field)

 e. Nature of mut is a minimum of thatases integrit. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of mut of that is appeare better. e. Nature of that is a print of that is appeare better. e. Nature of that is a print of that is appeare better. e. Nature of that is a print of that is appeare better. e. Nature of that is a print of that is appeare better. e. Nature of tha		Contact Us
Note Note the Net Poly Holdmann Circle Network Circle Network It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an address intert to communicating any submitted changes to information. It is an address intert to communicating any submited changes to information.		
Note Note the Net Poly Holdmann Circle Network Circle Network It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an addresses interest the list with build be used as your user ID for this is as well as for communicating any submitted changes to information. It is an address intert to communicating any submitted changes to information. It is an address intert to communicating any submited changes to information.	NATIONAL	
Process of the service of the ser		
 He mail address entered must be walk as it will be used as you user D for this site as well as for communicating any submitted changes to information: Now possion of the sentemus the value interpretention: Now possion of the se	Home About Us Policy Information Client Services Tax Information Company Financials	
 He mail address entered must be walk as it will be used as you user D for this site as well as for communicating any submitted changes to information: Now possion of the sentemus the value interpretention: Now possion of the se		
 Vor passed for your login must meet the following requirements: Pravide must orbital heat 1 percense herein: Pravide must orbital heat 1 percense herein: Pravide must orbital heat 1 percense herein: Pravide must neet the following requirements: Pravide must neet the following requiremen		
 Provide mater of the attrained attraction attraction attrained attraction attraction attrained attraction attra	 The email address entered must be valid as it will be used as your user ID for this site as well as for communicating any submitted changes to information. Your password for your login must meet the following requirements: 	
 e. Read must contain a least 1 upper case letters Provide must contain a least 1 upper case letters Provide must contain a least 1 upper case letters Provide must contain a least 1 upper case letters Provide must contain a least 1 upper case letters Provide must contain a least 1 upper case letters Provide must contain a least 1 upper case letters Provide must contain a letter 1 upper case letters Provide must contain a letter 1 upper case letters Provide must contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letter 1 upper case letters Provide durat contain a letters <l< td=""><td></td><td></td></l<>		
 of the following peed datasets is araliewed 9.1.10 Pawood must to contain py pet of your semante (is: fuserame is the fubbledomination than passend cannot contain in that' or domain) Pawood must to contain py pet of your semante (is: fuserame is the fubbledomination than passend cannot contain in that' or domain) Pater 1994 to on the have your centrifier and the fuserame is the fubbledomination than passend cannot contain in that' or domain) Pater 1994 to on the have your centrifier and the fuserame is the fubbledomination than passend cannot contain in the fuserame is the fubbledomination is below. Please provide your name and email address when contacting us. Tankit Signmenteraccom and Address With Export user 10 Pater 1994 to on the have your centrifier than the fuserame is the fubbledomination of the passend cannot contain the fuserame fusera	 Password must contain at least 1 uppercase letter(s). 	
* Parador must not contain you find to take name. * Parador must not contain you find to take name. * Parador must not contain you find to take name. * Parador must not contain you find to take name. * Nome: * Name </td <td> Only the following special characters are allowed: ⊕,1,\$,*,() </td> <td></td>	 Only the following special characters are allowed: ⊕,1,\$,*,() 	
• Ir you on thave your certificate number, our contact information is below. Please provide your name and email address when contacting us. • Prove: 1-833-496-0546 st Name • Ir your address • Ir your addres		
Phone: 1-433-496-0546 st Name	 If you do not have your certificate number, our contact information is below. Please provide your name and email address when contacting us. 	
st Name st Name anal Address (will be your user ID) anane@domain.com -enter Email Address enter Email Address stored Get show for requirements) password enter Password enter Password store and in your Centificate Number? store Digits of Your Social Security Number (woo-soc-####) store Digits of Your Social Security Number (woo-soc ####) store Digits of Your Social Security Number (woo-soc ####) store Digits of Your Social Security Number (woo-soc ####) store Digits of Your Social Security Number (woo-soc ####) store Digits of Your Social Security Number (woo-soc ####) store Digits of Your Social Security Number (woo-soc ####) store Digits of Your Social Security Number (woo-soc ####) store Digits of Your Social Security Number (woo-soc ####)		
ana Address (Will be your user ID) anane@domain.comenter Email Addressenter Email Address anane@domain.comsetter Email Addresssetter Passwordenter passwordent	First Name	
ana Address (Will be your user ID) anane@domain.comenter Email Addressenter Email Address anane@domain.comsetter Email Addresssetter Passwordenter passwordent		
ana Address (Will be your user ID) anane@domain.comenter Email Addressenter Email Address anane@domain.comsetter Email Addresssetter Passwordenter passwordent		
anne@domain.com anne@domain.com assword Gee above for requirements assword Gee above f	last ivaine	
anne@domain.com anne@domain.com assword Gee above for requirements assword Gee above f		
enter Email Address name@domain.com ssword (See above for requirements) password enter Passwordenter pa	Email Address (Will be your user ID)	
asword (See above for requirements) assword (See above for requirements) assword (See above for requirements) assword enter Passwordenter Passwordente	name@domain.com	
ssword (see above for requirements) password (see above for requirements) password (see above for requirements) password pass	Re-enter Email Address	
passwordenter Passwordenter Passwordenter password ret-enter password set Four Digits of Your Social Security Number (xxx-xx-####)	name@domain.com	
e-enter Password re-enter password sertificate Number Cant find your Certificate Number? st Four Digits of Your Social Security Number (xxx-xx-####) uur Birthdate (MM/DD/YYYY) APTCHA Verification	Password (See above for requirements)	
re-enter password retificate Number Cant find your Cetificate Number? st Four Digits of Your Social Security Number (xxx-xx-####) ur Birthdate (MM/DD/YYYY) PTCHA Verification (CAPTCHA verification value)	password	
	Re-enter Password	
st Four Digits of Your Social Security Number (xxx-xx-####) uur Birthdate (MM/DD/YYYY) APTCHA Verification (CAPTCHA verification value)	re-enter password	
st Four Digits of Your Social Security Number (xxx-xx-####) uur Birthdate (MM/DD/YYYY) APTCHA Verification (CAPTCHA verification value)	Certificate Number Can't find your Certificate Number?	
APTCHA Verification CCAPTCHA verification value)		
APTCHA Verification CCAPTCHA verification value)	land Faux Dinite of Verus Co dal Consulty Munches (one are ####)	
APTCHA Verification	Last Four Digits of four Social Security Number (XXX-XX-####)	
APTCHA Verification		
CAPTCHA verification value)	Your Birthdate (MM/DD/YYYY)	
CAPTCHA verification value)		
	CAPTCHA Verification	
	ha200	
Create Login <u>Reset</u> <u>Cancel</u>	(CAPTCHA verification value)	
Create Login <u>Cancel</u>		
	Create Login Reset Cancel	

3. If you have trouble locating your Certificate Number, click on the 'Can't find your Certificate Number?' link located to the right of the Certificate Number field label



4. The following window will be displayed

Where to Find Your Certificate Number

You will find you certificate number located on Page 2 of your Welcome Packet. See the example below:

MIDLAND NATIONAL. A Sammons Francial Company		4225 38 th St. S Suite 201 Fargo, ND 58104
Certificate Number Full Name Date of Birth Gender Last 4 of SSN Address	323456 HERMAN MUNSTER 1/1/1900 M 1111 1313 MOCKINGBIRD LANE MOCKINGBIRD HEIGHTS, WA 93745	

- Your certificate number will start with the number '3'
- · Your certificate number will be six digits in length

If you have questions or concerns, please contact us via the following:

Email: cm-prt@sfgmembers.com Phone: 1-833-496-0546 5. Click on the 'Create Login' button located at the bottom of the screen

NOTE: This will take some time to register so please be patient. Do not attempt to click on 'Create Login' a second time

	Contact Us
A Sammons Financial Company	
Home About Us Policy Information Client Services Tax Information Company Financials	
Create New Login	
 The email address entered must be valid as it will be used as your user ID for this site as well as for communicating any submitted changes to information. Your password for your login must meet the following requirements: 	
Password must be a minimum of 8 characters in length.	
Password must contain at least 1 lowercase letter(s), Password must contain at least 1 uppercase letter(s),	
Password must contain at least 1 digit(s).	
 Only the following special characters are allowed: @,1,\$,*,(.) Password must not contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'smith' or 'domain') 	
 Password must not contain your first or last name. 	
 If you do not have your certificate number, our contact information is below. Please provide your name and email address when contacting us. Email: <u>cm-prt@sfgmembers.com</u> 	
Phone: 1-833-496-0546	
First Name	
,	
Last Name	
Email Address (Will be your user ID)	
name@domain.com	
Re-enter Email Address	
name@domain.com	
Password (See above for requirements)	
password	
Re-enter Password	
re-enter password	
Certificate Number Can't find your Certificate Number?	
Last Four Digits of Your Social Security Number (xxx-xx-####)	
Your Birthdate (MM/DD/YYYY)	
CAPTCHA Verification	
hor200	
(CAPTCHA verification value)	
Create Login Reset Cancel	

6. An email message is sent to the individual who has registered for an account to the email address provided during the registration process.

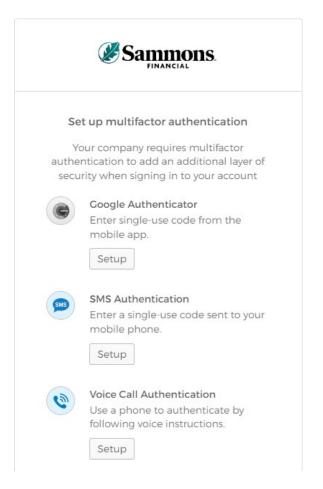
	Mon 4/17/2023 4:23 PM cmcweb@sfgmembers.com Midland National Pension Web Site Welcome		
	SFG Inbox Final (2 years)	Expires 4/16/2025	~
	confirms that you have successfully created an account to access your pe		
If you have any questions, please feel free to contact us. Our contact information is indicated below:			
4225 38th St Phone: 701-4	ional Life Insurance Company treet South, Suite 201 Fargo, ND 58104 433-6472 Fars: 701-433-8472 gmembers.com www.sfgcorpmarkets.com		

7. Once the registration is complete, the following screen will be displayed

Ø S	
	Sign In
Username	
Password	
Remember me	3
	Sign In

8. Type in the username and password you created during the registration process

9. When registering for the first time, the following screen will display



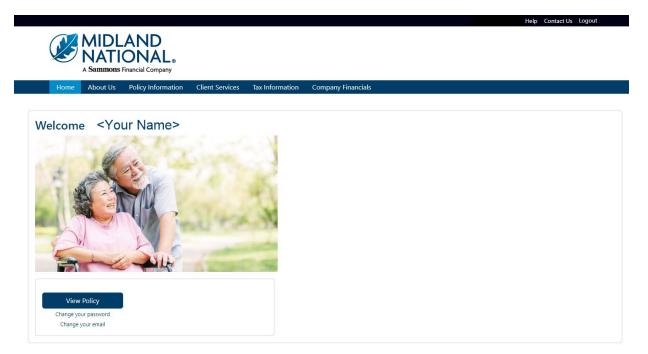
- 10. Select <u>ONE</u> of the methods indicated on the screen in order to 'authenticate'. This is just another way for us to ensure the safety of your information. The different methods are described below:
 - **Google Authenticator**—this method will require you to download the Google Authenticator app onto your mobile device. An authentication code will be provided within Google Authenticator.
 - **SMS Authentication**—this method will send the authentication code via a text message to your mobile device. This is the quickest and most common method for authentication.
 - Voice Call Authentication—this method will initiate a call to your mobile device and provide you with an authentication code.

For screenshots of each of these methods, refer to <u>Appendix A</u> in this document.

NOTE: The authentication process will only be required in the following situations:

- 1. Logging into your account for the first time
- 2. Logging into your account with a different device than the one used for registration
- 3. More than 90 days have elapsed since you logged into your account

11. Once you have completed the multifactor authentication, the following screen will be displayed:



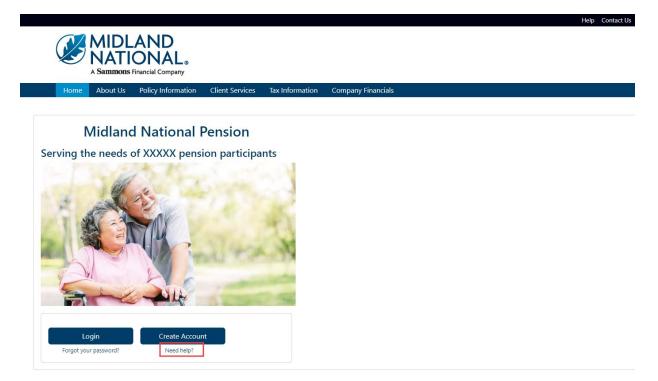
12. If you need to clear out your information, click on the 'Reset' button located at the bottom of the screen

	Contact Us
NATIONAL	
A Sammons Financial Company	
Home About Us Policy Information Client Services Tax Information Company Financials	
nome Adout 03 Foncy mornation circle of vices tax mornation company infancials	
Granta Navu La viz	
Create New Login	
 The email address entered must be valid as it will be used as your user ID for this site as well as for communicating any submitted changes to information. Your password for your login must meet the following requirements: 	
Password must be a minimum of 8 characters in length.	
Password must contain at least 1 lowercase letter(s). Password must contain at least 1 uppercase letter(s).	
 Password must contain at least 1 digit(s). 	
 Only the following special characters are allowed: @,1,5,*(.) Password must not contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'smith' or 'domain') 	
 Password must not contain your first or last name. 	
 If you do not have your certificate number, our contact information is below. Please provide your name and email address when contacting us. Email: <u>cm-prt@sfgmembers.com</u> 	
Phone: 1-83-496-0546	
iirst Name	
.ast Name	
Email Address (Will be your user ID)	
name@domain.com	
nane@domain.com	
Re-enter Email Address	
name@domain.com	
Password (See above for requirements)	
password	
Re-enter Password	
re-enter password	
Certificate Number Cant find your Certificate Number?	
er undate Number <u>Cant intryour Centricate Number</u> z	
ast Four Digits of Your Social Security Number (xxx-xx-####)	
/our Birthdate (MM/DD/YYYY)	
CAPTCHA Verification	
(CAPTCHA verification value)	
Control Loris Read	
Create Login Reset Cance	

13. If you don't wish to create an account and be returned to the Home page, click on the 'Cancel' button located at the bottom of the screen

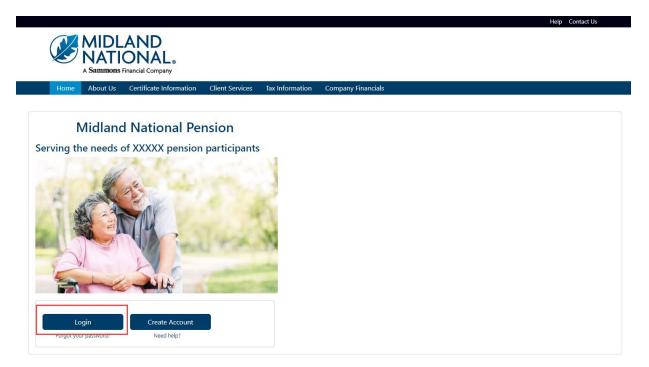
	Contact Us
NATIONAL	
A Sammons Financial Company	
Home About Us Policy Information Client Services Tax Information Company Financials	
Create New Login	
• The email address entered must be valid as it will be used as your user ID for this site as well as for communicating any submitted changes to information.	
Your password for your login must meet the following requirements: Password must be a minimum of 8 characters in length.	
Password must contain at least 1 lowercase letter(s). Password must contain at least 1 uppercase letter(s).	
 Password must contain at least 1 digit(s). Only the following special characters are allowed: @,1\$,*,(,) 	
 Password must not contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'smith' or 'domain') 	
 Password must not contain your first or last name. If you do not have your certificate number, our contact information is below. Please provide your name and email address when contacting us. 	
Email: <u>cm-prt@sfgmembers.com</u>	
Phone: 1-833-496-0546	
First Name	
Last Name	
Email Address (Will be your user ID)	
name@domain.com	
Re-enter Email Address	
name@domain.com	
Password (See above for requirements)	
password	
Re-enter Password	
re-enter password	
Certificate Number Can't find your Certificate Number?	
Last Four Digits of Your Social Security Number (xxx-xx-####)	
Your Birthdate (MM/DD/YYYY)	
CAPTCHA Verification	
(CAPTCHA verification value)	
Create Login Reset Cancel	

14. If you need additional help with registering, click on the 'Need help?' link located under the 'Create Account' button. This will open a PDF document that outlines the steps for creating an account.



Logging In:

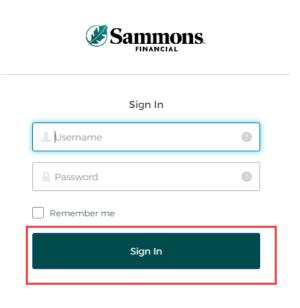
1. Click on the 'Login' button located at the bottom of the screen



2. Type in your username and password

	Sammons		
_	Sign In		
	LUsername	?	
	Password	2	
	Remember me		I
	Sign In		

3. Click on the 'Sign In' button

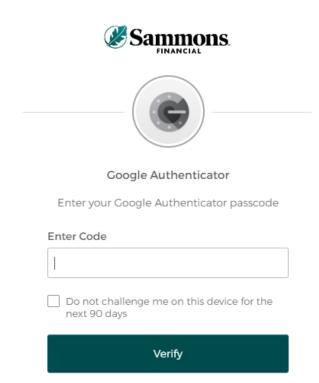


- 4. You may be asked to authenticate in the following situations:
 - a. If you are logging in for the first time
 - b. If you haven't logged into your account for at least 90 days
 - c. If you are logging into your account with a different device

NOTE: Screens below will show an example for each authentication type

Google Authenticator:

a. The following screen appears



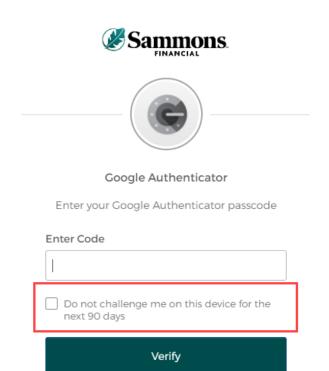
- b. Go into your Google Authenticator app located on the device you used to register your account
- c. Type in the authentication code displayed in Google Authenticator within the 'Enter Code' field



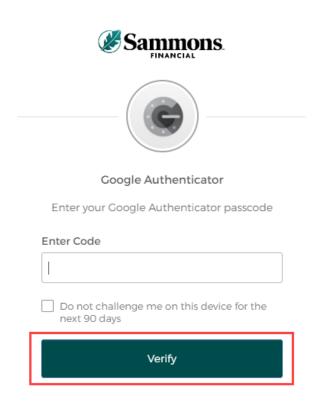
Enter Code	٦
1	
Do not challenge me on this device for the next 90 days	

d. To ensure that you don't receive this message every time you access your account, click on the checkbox under the 'Enter Code' field that displays the following verbiage:

'Do not challenge me on this device for the next 90 days'

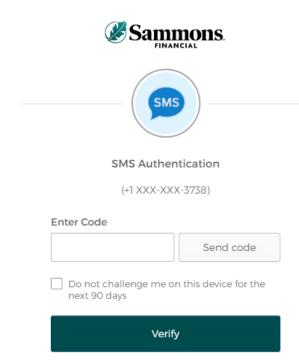


e. Click on the 'Verify' button

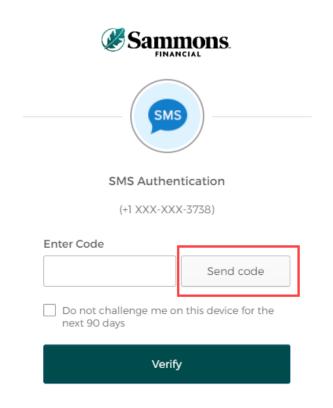


SMS Authentication:

a. The following screen appears



b. Click on the 'Send code' button



c. Type in the authentication code you received via the authentication method you selected when you registered your account within the 'Enter Code' field

Sammons.	
SMS	
SMS Authentication	
(+1 XXX-XXX-3738)	
Enter Code Send code	
Do not challenge me on this device for the next 90 days	
Verify	

d. To ensure that you don't receive this message every time you access your account, click on the checkbox under the 'Enter Code' field that displays the following verbiage:

'Do not challenge me on this device for the next 90 days'

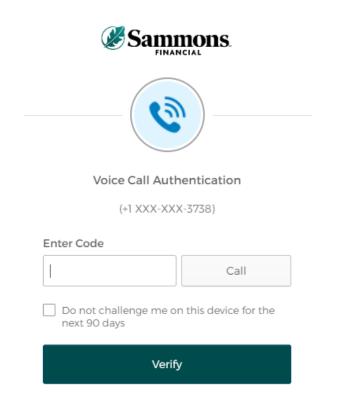
Sammons.	
SMS	
SMS Authentication	
(+1 XXX-XXX-3738)	
Enter Code	
Send code	
Do not challenge me on this device for the next 90 days	
Verify	

e. Click on the 'Verify' button

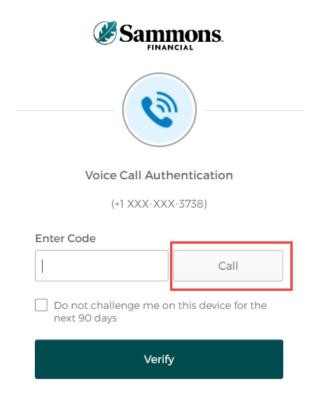
Sammons.
SMS Authentication
(+1 XXX-XXX-3738)
Enter Code Send code
Do not challenge me on this device for the next 90 days
Verify

Voice Call Authentication:

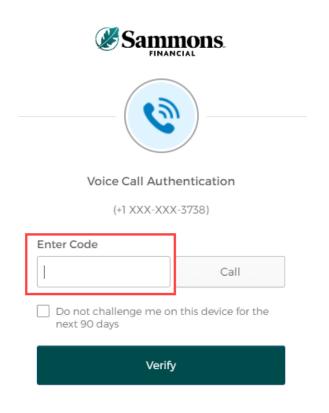
a. The following screen appears



b. Click on the 'Call' button

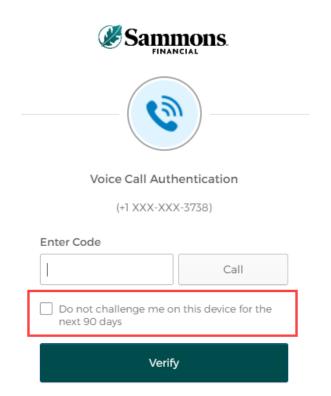


c. You will receive a call from a phone number based upon the authentication method you selected when you registered your account. Type in the code provided in the phone call within the 'Enter Code' field

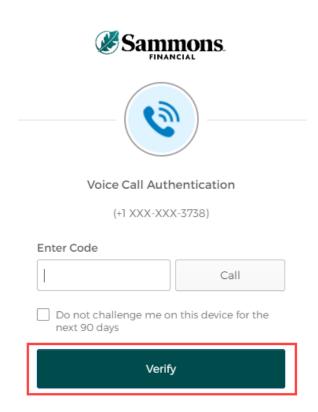


d. To ensure that you don't receive this message every time you access your account, click on the checkbox under the 'Enter Code' field that displays the following verbiage:

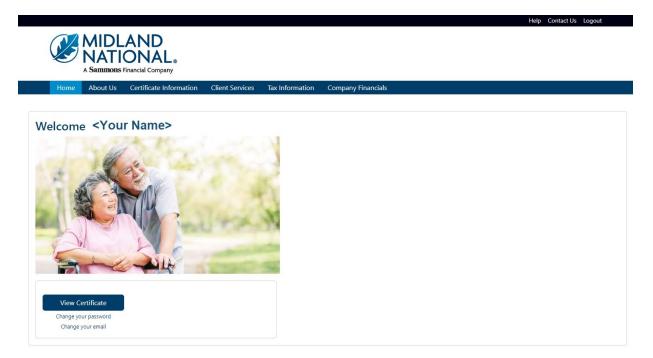
'Do not challenge me on this device for the next 90 days'



e. Click on the 'Verify' button



5. The following screen will be displayed:



What's Available on the Website

Help Contact Us

Help Contact Us

Top Navigation



About Us Certificate Information

Client Services

Tax Information

Section	Description
Midland National logo	Click on the logo to return to the Welcome/Home page of the website
Home	Click here to return to the Welcome/Home page of the website
About Us	Contains information about Midland National, including our financial strength
Certificate Information	Secure section of the website. Contains each user's specific certificate information along with the ability to request some changes to that information
Client Services	Secure section of the website. Allows the user the ability to make a variety of changes to their information.
Tax Information	Secure section of the website. Allows the user to link to our 1099 tax form administrator to view and/or download a copy of this document
Company Financials	Contains company reports (Midland National and Pension) and financial strength brochure
Help (upper right	Contains useful documentation for making changes or navigating the website
corner	
Contact Us (upper right	Opens a 'Contact Us' page containing the different ways to contact us regarding your
corner)	Midland National pension

Company Financ

About Us:



Home Abor About Us

We are part of Sammons Financial Group (SFG), whose member companies offer a diverse portfolio of products, including life insurance, annuities, and retirement solutions. Sammons Financial Group includes North American Company for Life and Health Insurance®, Midland National® Life Insurance Company, Sammons Institutional Group®, and Beacon Capital Management.

To learn more, click on the icons below:







CAPITAL MANAGEMENT[®] A Sammons Financial Company



A Proud History of Strength and Success

As a privately held company, Sammons Financial Group is not driven by short-term earnings pressures. We plan for the long term, which has resulted in a consistently strong performance throughout the years - even during tough economic times. We honor our commitments to our customers with a disciplined and conservative investment strategy. We closely monitor our investments, maintain a balanced and diversified portfolio, and a strong capital position. Our bottom line is the bottom line when it comes to honoring the financial commitments we make to our customers.

View our Financial Strength flyer:

Financial Strength 2022

Sammons Financial Group by the Numbers*

- More than 1,737,913 Life insurance and annuity policies held
- More than \$115.6 billion in total assets
- \$360.4 billion life insurance in force
 \$1.3 billion life insurance claims paid

					Help Contact Us
MIDLAND NATIONAL.					
A Sammons Financial Company Home About Us Certificate Inform	nation Client Services	Tax Information	Company Financials		
Print					
Participant Information					
				Change Address 🖍	
Participant Name: Herman Munster			Phone Number: 🌶		
Address: 1313 Mockingbird Lane					
City: Mockingbird Heights		tate: WA	Zip Code:	11111	
Email: hmunster@gmail.com	D	ate of Birth: 01/01	/1793		
Certificate Information					
Certificate Number: 111111	Certificate Type: Single	life	Status: ACTIVE		
Normal Retirement Date:	Early Retirement Date:		Disbursement Status:	Deferred	
(Projected) Payment Amount*: \$500.00	%	Non-Taxable:			
Required Commencement Date:	c	OLA Amount: \$0.00	COLA Perce	ntage: 0.00%	
"Amount is based upon the Normal Retirement Date.					
Earnings information			ursement Start Date: 10	/01/2033	
Earnings Information Certificate Number: 111111	Frequency: Month	y Disb		101/2033	

Client Services (login required):

			AND ONAL Financial Company					Help Contact Us Logout
	Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials		
A\		ber Change	ces:					
•	Beneficiary (<u>Change</u>						
•	Name Chang	-						
•	Taxpayer Ide	entification Nu	imber Change					

- <u>Certificate Request</u>
- Other Change

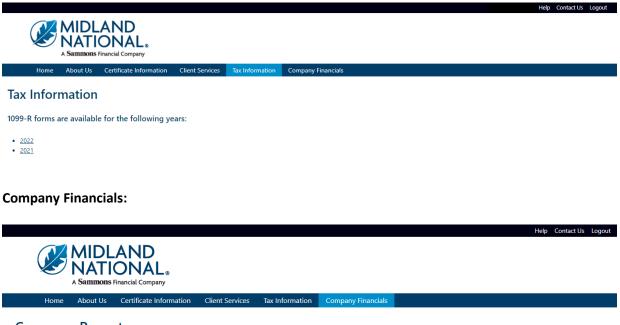
Do You Have Additional Certificates With Us?

<u>View Additional Certificates</u>

Download our <u>Client Services</u> 🔏 form.

Tax Information (login required):

NOTE: Number of years available is dependent upon the number of years that the policy has been administered by Midland National.



Company Reports

NOTE: The links below will open PDF documents. Some documents may be quite large (5-10 MB)

Pension Separate Account Annual Statement

Pension Separate Account Annual Statement 2022

Midland National Annual Statement

Annual Statement 2022 Annual Statement 2021 Annual Statement 2020 Annual Statement 2019 Annual Statement 2018 Annual Statement 2018

Financial Strength

Financial Strength 2021

Footer Navigation

Sammons Corporate

Sammons Institutional

Markets

Group

Beacon Capital

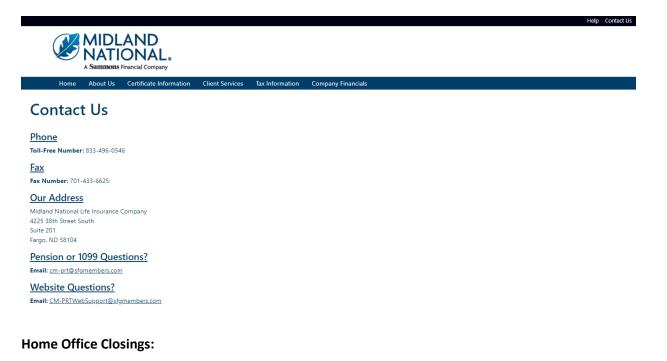
Management

Information Contact Us Home Office Closings Midland National History Leadership	Other Terms of Use Privacy Accessibility Statement Careers	Member Companies Midland National Sammons Financial Group Sammons Corporate Markets Sammons Institutional Group Beacon Capital Management	🖬 in 🥤 🚥	
Section	Description			
Contact Us		e containing the different v n. A link is also included in	, ,	• •
Home Office Closings	Opens the 'Home Office of	Closings' page which indica	tes the days our office is	s not open
Midland National History	Opens the 'Midland Nation pension site) in a new we	onal History' page on the N eb browser page	lidland National website	e (not the
Leadership		age on the Midland Nation	al website (not the pens	sion site) in a
Terms of Use	Opens a 'Terms of Use' p page can be printed out f	age containing the Terms o for your reference	f Use Agreement for the	e website. This
Privacy		o the Midland National we contains a copy of our priva o your computer		-
Accessibility Statement		Statement' page of the Mid er page. Contains links to h		•
Careers	Opens the 'Careers' page a new web browser page	on the Sammons Financial	Group website (not the	e pension site) in
Midland National	Opens the Midland Natio	onal website (not the pension	on site) in a new web bro	owser page
Sammons Financial Group	Opens the Sammons Fina	ancial Group website in a ne	ew web browser page	

Opens the Sammons Corporate Markets website in a new web browser page

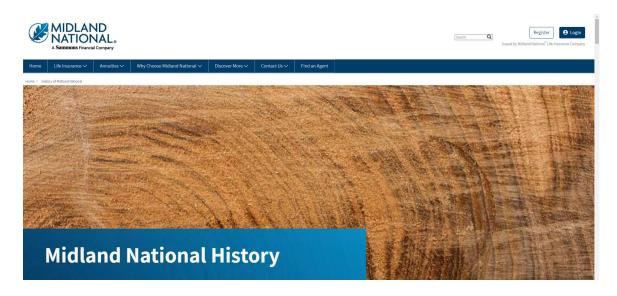
Opens the Sammons Institutional Group website in a new web browser page

Opens the Beacon Capital Management website in a new web browser page

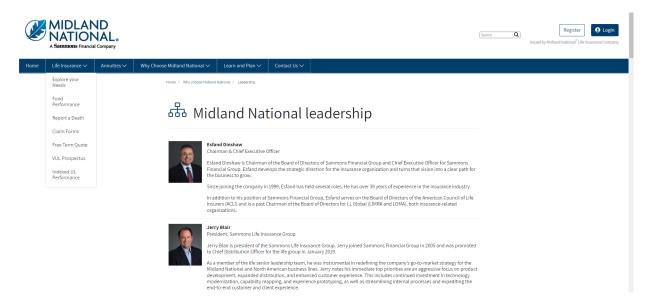


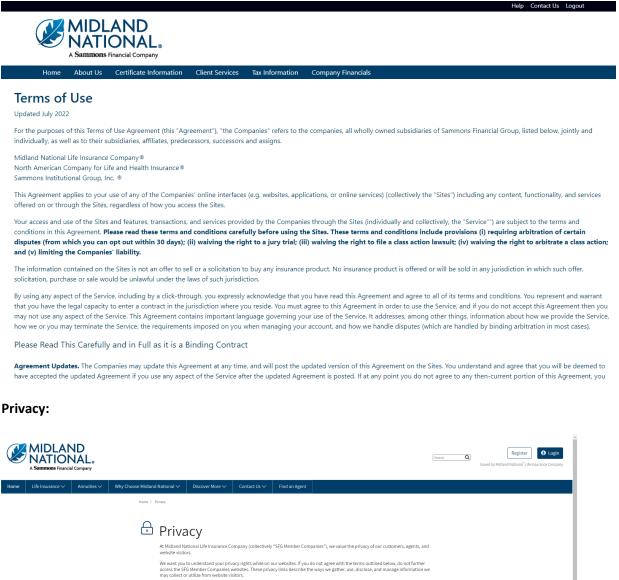
	IIDLAND ATIONAL®				
Home Ab	oout Us Certificate Information	Client Services	Tax Information	Company Financials	s
Home Offic 2023 Holiday Schedule 2024 Holiday Schedule 2025 Holiday Schedule	<u>e</u> <u>e</u>				
202	23 Holiday Schedule				
Holiday	Date Observed				
New Year's Day	Monday, January 2				
Martin Luther King, Jr.					
President's Day	Monday, February 20				
Good Friday	Friday, April 7				
Memorial Day	Monday, May 29				
Juneteenth	Monday, June 19				
Fourth of July	Tuesday, July 4				
Labor Day	Monday, September 4				
Thanksgiving Day	Thursday, November 23				
Winter Holiday	Monday, December 25				
202	24 Holiday Schedule				
Holiday	Date Observed				
New Year's Day	Monday, January 1				
Martin Luther King, Jr.					
President's Day	Monday, February 19				
Good Friday	Friday, March 29				
Memorial Day	Monday, May 27				
	and the second				

Midland National History:



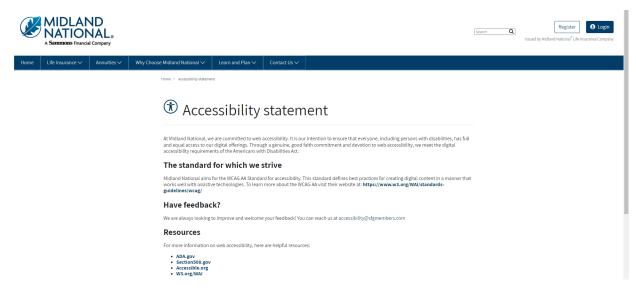
Leadership:



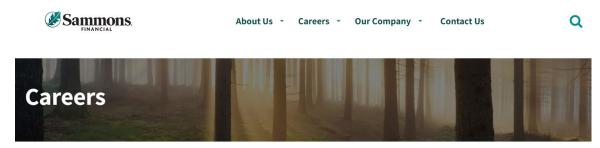




Accessibility Statement:



Careers:



Home > Careers

Life's short. Love what you do.

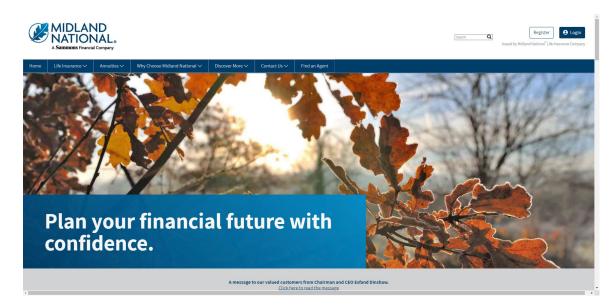
We get it. In today's unpredictable world you need more than just a job and a paycheck. You deserve the whole package: a career that rewards you with growth, competitive pay, health coverage that works for your family, and retirement planning designed with your future goals in mind.

What about feeling valued and a sense of belonging? If you're tired of feeling like you're clocking in and out, day after day, without being recognized for who you are and what you bring to a team; if you're looking for leaders and coworkers who support you; if you want a career at a company that makes you feel at home, start here.

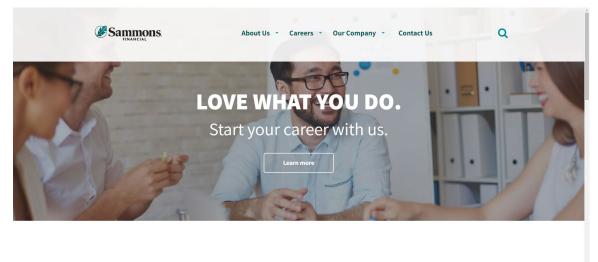
Because if we've learned anything in recent times, it's that life is too precious to waste a single minute of it feeling stuck in a job you don't love. Start your journey with Sammons Financial Group, where good company makes all the difference.

Good culture

Midland National:



Sammons Financial Group:









Sammons Institutional Group:



Helping you enjoy a life of living well.

At Sammons Retirement Solutions[®], we know you want to live well and retire well. In order to do that, you need clear-cut choices for retirement planning. As a division of Sammons Institutional Group[®], Inc., we're able to offer simple, innovative, and straightforward individual retirement accounts (IRAs) and annuities that can help you live well in retirement.

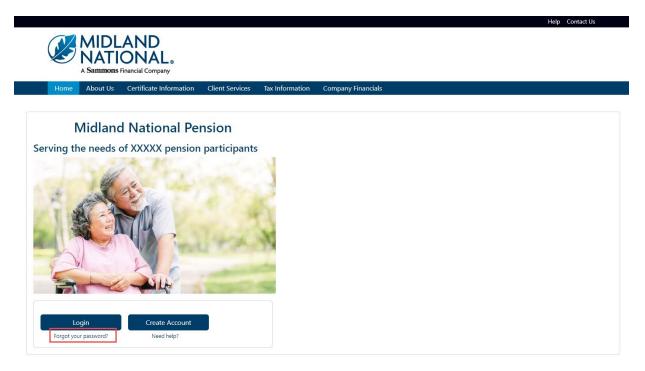


Beacon Capital Management:



Forgot your Password?:

1. Click on the 'Forgot my password?' link located below the 'Login' button



- 2. When the following screen appears, do the following:
 - a. Type in your email address (this is your user id)
 - b. Type in the last four digits of your social security number
 - c. Type in your birth date (MM/DD/YYYY format)
 - d. CAPTCHA Verification
 - e. Click on the 'Submit Check' button

Reset Login Password (Step 1)
 This is the first step in a three step process to reset your password Provide the following: Email AddressThe email address entered must the same one you used for your login account Birth DateEnter your birth date in MM/DD/YYY format Last 4 of SSNEnter the last four digits of your Social Security Number CAPTCHA VerificationEnter the CAPTCHA code displayed on the screen below Click on the 'Submit Check' button below to move to the second step Click on the 'Reset' button to clear out your information Click on the 'Cancel' button to cancel the change and be returned from the Home page If you do not have your certificate number, our contact information is below. Please provide your name and email address when contacting us Email: <u>cm-prt@sfgmembers.com</u> Phone: 1-833-496-0546
Email Address (This is your user ID)
name@domain.com
Last Four Digits of Your Social Security Number (xxx-xx-####)
Your Birthdate (MM/DD/YYYY)
CAPTCHA Verification
(CAPTCHA verification value)
Submit Check Cancel

3. The following screen will be displayed

ssword (Step 2	2)			
		to your account		
ou want to use to obtain a	verification code from.		be needed in order to reset your password on the next page	
	p in a three step process t e multi-authentication fac u want to use to obtain a	p in a three step process to reset your password e multi-authentication factor(s) you have assigned	p in a three step process to reset your password e multi-authentication factor(s) you have assigned to your account u want to use to obtain a verification code from. NOTE : This code will	p in a three step process to reset your password e multi-authentication factor(s) you have assigned to your account u want to use to obtain a verification code from. NOTE : This code will be needed in order to reset your password on the next page

4. The verification process shown can be any one of the following methods:

Goggle Authenticator (enter a single-use code from the mobile app)

							Help	Contact Us
		AND ONAL® Financial Company						
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials			
Reset Lo	gin Pass	word (Step 2)						
Select the	one that you w	nulti-authentication factor(s vant to use to obtain a verif in order to reset your pass	ication code from.	-				
Select how to	o obtain the ve	erification code						
 Use toke 	n from GOOGI	LE						
Continue]							

SMS Authentication (enter a single-use code sent to your mobile phone)

	Help Contact Us
MIDLAND NATIONAL A Sammons Financial Company	
Home About Us Certificate Information Client Services Tax Information Company Financials	
 Reset Login Password (Step 2) This is the second step in a three step process to reset your password Below are one or more multi-authentication factor(s) you have assigned to your account Select the one that you want to use to obtain a verification code from. NOTE: This code will be needed in order to reset your password on the next page Click on the 'Continue' button below to move to the third step 	
Select how to obtain the verification code	
• Text (###)###-3738	
Continue	

Voice Call Authentication (use a phone to authenticate by following voice instructions)

mons Financial Company				
t Us Certificate Information	Client Services	Tax Information	Company Financials	
assword (Step 2)				
	reset your password			
	· · · · · · · · · · · · · · · · · · ·	d to your account		
you want to use to obtain a ve	although an an de fairean		and the second	
		NOTE: This code will	I be needed in order to reset your password on the next page	
nue' button below to move to th		NOTE: This code wil	i be needed in order to reset your password on the next page	
		NOTE: This code wil	i be needed in order to reset your password on the next page	
nue' button below to move to the		NOTE: This code wil	i be needed in order to reset your password on the next page	
	t Us Certificate Information Password (Step 2) step in a three step process to a hore multi-authentication facto	t Us Certificate Information Client Services Password (Step 2) tep in a three step process to reset your password tore multi-authentication factor(s) you have assigned	t Us Certificate Information Client Services Tax Information Password (Step 2) tep in a three step process to reset your password hore multi-authentication factor(s) you have assigned to your account	t Us Certificate Information Client Services Tax Information Company Financials Password (Step 2) tep in a three step process to reset your password tore multi-authentication factor(s) you have assigned to your account

- 5. Click on the 'Continue' button
- 6. The following screen displays

new password	Help	Contact Us
Reset Login Password (Step 3) • This is the final step in a three step process to reset your password • Please enter the verification code you obtained from the method you selected on the previous page. If you are unable to obtain a code, please contact us Email: cm_pt@signembers.com Phone: 1-833-496-0546 • Your new password must the a minimum of 8 characters in length. • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain at less 1 lowcrase letter(s). • Password must contain step the password low to complete the password reset process verification code very password <t< th=""><th>A Saturbons Financial Company</th><th></th></t<>	A Saturbons Financial Company	
 This is the final step in a three step process to reset your password Please enter the verification code you obtained from the method you selected on the previous page. If you are unable to obtain a code, please contact us Email: <u>cm-prt@sfgmembers.com</u> Phone: 1-33:496-0546 Your new password must meet the following requirements: Password must new task to liverize letter(s). Password must contain at least 1 uppercase letter(s). Password must contain at result 1 uppercase letter(s). Password must contain at result 1 uppercase letter(s). Password must contain at result 1 uppercase letter(s). Password must contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'Smith' or 'domain). Password must not contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'Smith' or 'domain). Password must not contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'Smith' or 'domain). Password must not contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'Smith' or 'domain). Password (See above for requirements) new password new password re-enter New Password 	Home About Us Certificate Information Client Services Tax Information Company Financials	
 This is the final step in a three step process to reset your password Please enter the verification code you obtained from the method you selected on the previous page. If you are unable to obtain a code, please contact us Email: <u>cm-prt@sfgmembers.com</u> Phone: 1-33:496-0546 Your new password must meet the following requirements: Password must new task to liverize letter(s). Password must contain at least 1 uppercase letter(s). Password must contain at result 1 uppercase letter(s). Password must contain at result 1 uppercase letter(s). Password must contain at result 1 uppercase letter(s). Password must contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'Smith' or 'domain). Password must not contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'Smith' or 'domain). Password must not contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'Smith' or 'domain). Password must not contain any part of your username (ex. if username is 'Smith@domain.com' then password cannot contain 'Smith' or 'domain). Password (See above for requirements) new password new password re-enter New Password 	Reset Login Password (Step 3)	
New Password (See above for requirements) new password Re-enter New Password re-enter password	 Please enter the verification code you obtained from the method you selected on the previous page. If you are unable to obtain a code, please contact us Email: <u>cm-prt@stgmembers.com</u> Phone: 1-333-496-0546 Your new password must meet the following requirements: Password must ontain at least 1 lowercase letter(s). Password must contain at least 1 lowercase letter(s). Password must contain at least 1 digit(s). Only the following apecial characters are allowed: @.l.5.(.) Password must not an inter or your usersame (ex. if username is 'Smith@domain.com' then password cannot contain 'smith' or 'domain') Password must not contain our your of your usersame (ex. if username is 'Smith@domain.com' then password cannot contain 'smith' or 'domain') Click on the 'Change Password' button below to complete the password reset process 	
new password Re-enter New Password re-enter password	Verification Code	
Re-enter New Password re-enter password	New Password (See above for requirements)	
re-enter password	new password	
	Re-enter New Password	
Change Password	re-enter password	
	Change Password	

- 7. Type in your verification code and your new password (must be entered twice), which must follow the password requirements shown on the screen.
- 8. Click on the 'Change Password' button at the bottom of the screen

9. The following is displayed

						Help	Contact Us
MIDLAND NATIONAL A Sammons Financial Company							
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials		
Password Changed							
Your password has been successfully changed. Clic <mark>c here</mark> to return to the Pension Home Page.							

- 10. Click on the word 'here' to return to the Home page
- 11. To clear out the previous information, click on the 'Reset' button

Reset Login Password (Step 1)
This is the first step in a three step process to reset your password
Provide the following:
Email AddressThe email address entered must the same one you used for your login account
Birth DateEnter your birth date in MM/DD/YYYY format
Last 4 of SSNEnter the last four digits of your Social Security Number
CAPTCHA VerificationEnter the CAPTCHA code displayed on the screen below
Click on the 'Submit Check' button below to move to the second step
Click on the 'Reset' button to clear out your information
Click on the 'Cancel' button to cancel the change and be returned from the Home page
 If you do not have your certificate number, our contact information is below. Please provide your name and email address when contacting us Email: <u>cm-prt@sfgmembers.com</u>
Email: <u>cm-pressignempets.com</u> Phone: 1833-496-0546
AUCHGE: 1-923-480-0240
Email Address (This is your user ID)
name@domain.com
Last Four Digits of Your Social Security Number (xxx-xx-####)
Your Birthdate (MM/DD/YYYY)
CAPTCHA Verification
(CAPTCHA verification value)
Submit Check Cancel

12. To cancel re-setting your password and be returned to the Home page, click on the 'Cancel' button

Reset Login Password (Step 1)
This is the first step in a three step process to reset your password
Provide the following:
Email Address The email address entered must the same one you used for your login account
Birth DateEnter your birth date in MM/DD/YYYY format
Last 4 of SSNEnter the last four digits of your Social Security Number
CAPTCHA VerificationEnter the CAPTCHA code displayed on the screen below
Click on the 'Submit Check' button below to move to the second step
Click on the 'Reset' button to clear out your information
Click on the 'Cancel' button to cancel the change and be returned from the Home page
If you do not have your certificate number, our contact information is below. Please provide your name and email address when contacting us
Email: <u>cm-prt@sfgmembers.com</u>
Phone: 1-833-496-0546
Email Address (This is your user ID)
name@domain.com
Last Four Digits of Your Social Security Number (xxx-xx-####)
Your Birthdate (MM/DD/YYYY)
CAPTCHA Verification
(CAPTCHA verification value)
Submit Check Reset

Change Your Email (<u>login</u> required):

1. Click on the 'Change your email' link located under the 'View Certificate' button

					Help Contact U	ls Logout
	AND ONAL® Financial Company					
Home About Us	Certificate Information	Client Services Tax Ir	formation Company Financia	ls		
Welcome < You With the second secon	r Name>					

- 2. When the following screen appears, do the following:
 - a. Type in your current email address
 - b. Type in your new email address
 - c. Click on the 'Change Email' button

						Help Contact Us Logout
	MIDL	AND				
	A Sammons	ONAL® Financial Company				
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
Change I	Email					
-						
			ields below and cli	ck on the 'Change E	mail' button below to submit your changes	
 This update 	e will perform	the following:				
 Change 	e the email ac	ldress on file as part of you	r participant inform	nation		
 Change 	e your userna	me required for accessing y	our information or	n this website		
 Click on the 	e 'Cancel' butt	on to cancel the change an	d be returned to th	ne Home page		
Current Email						
name@domai	in.com					
New Email						
name@domai	in.com					
Change Email	Cancel					

3. The following screen is displayed

		AND ONAL ® Financial Company			Help Contact Us Logout
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials
Email Ch Your email ha Pension Hom	is been succes	sfully changed to 'hmunst	er23@gmail.com'	. The next time you	log in, you will need to use the new email address. Click here to return to the Midland National

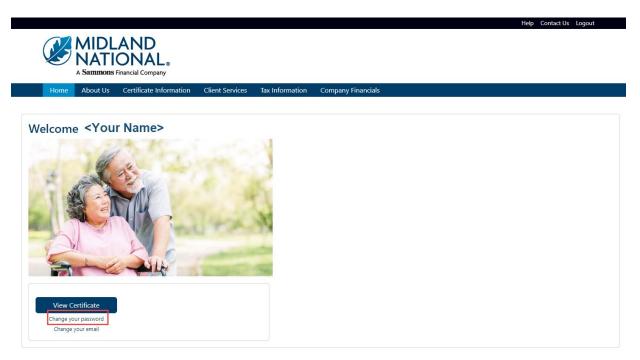
4. Click on the word 'here' to return to the home page

5. To cancel changing your email and be returned to the Home page, click on the 'Cancel' button

					Help Contact Us Logout
A Sammons	AND ONAL®				
Home About Us	Certificate Information	Client Services	Tax Information	Company Financials	
 This update will perform Change the email a Change your userna Click on the 'Cancel' but 		r participant inform our information or	ation 1 this website	mail' button below to submit your changes	
Current Email					
New Email					
name@domain.com					
Change Email Cancel					

Change Your Password (login required):

6. Click on the 'Change your password' link located under the 'View Certificate' button



- 7. When the following screen appears, do the following:
 - a. Type in your old password
 - b. Type in your new password
 - c. Re-enter your new password
 - d. Click on the 'Change Password' button

8. The following screen is displayed

		AND ONAL® Financial Company			Help Contact Us Log	gout
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
Password Your passwo	-	ed ccessfully changed. Click he	ere o return to the	Pension Home Page	n.	

9. Click on the word 'here' to return to the Home page

10. To cancel changing your password and be returned to the Home page, click on the 'Cancel' button

				Theip contact of Logour
💌 💌 NALI				
A Sammons	Financial Company			
Home About Us	Certificate Information	Client Services	Tax Information	Company Financials
Change Passwo	rd			
 Provide your updated p 	assword information within	the fields below and	d click on the 'Chang	ge Password' button below to submit your changes
	st meet the following require	ements:		
	imum of 8 characters in length.			
 Password must contain a Password must contain a 	at least 1 lowercase letter(s). at least 1 uppercase letter(s).			
 Password must contain a 				
	al characters are allowed: @,!,\$,*,(,)			
 Password must not cont Password must not cont 		if username is 'Smith@d	omain.com' then passwo	ord cannot contain 'smith' or 'domain')
	tton to cancel the change ar	d be returned to th	e Home page	
	tion to cancer the change a		e nome page	
Current Password				
current password				
New Password (See above for	roquiromonte)			
	equirements)			
new password				
Re-enter New Password				
re-enter new password				
re-enter new password				
Change Password Ca	ncel			

View Additional Certificates (login required):

NOTE: You will only be required to authorize additional certificates once. Once you have completed the authorization process, all available Midland pension certificates will be available for you to view and make changes.

1. Click on the 'Client Services' link on the top navigation bar



2. The following screen appears

	Home	About Us	Certificate Informa	tion Client Services	Tax Information	Company Financials		
v	ailable	e Servio	ces:					
,	Address Cha	inge						
•	Phone Numb	ber Change						
,	Direct Depos	<u>sit Change</u>						
	Beneficiary C	<u>Change</u>						
	Name Chang	je						
	Withholding	Change						
,	Taxpayer Ide	ntification Nu	imber Change					
•	Certificate Re	equest						
	Other Chang	ie						

Help Contact Us Logout

- 3. Click on the 'View Additional Certificates' link
- 4. The following screen appears

		AND ONAL Financial Company				Help Contact Us Logout
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
If you have	e an additional e that you do r	conal Certificate	tional, enter the ad		number and click on the 'Authorize Certificate' button below sunt with us	
Authorize Ce	rtificate	Tancel				

- 5. Type in the appropriate certificate number and click on the 'Authorize Certificate' button
- 6. The following screen appears

	Help	Contact Us	Logout					
A Sammons Financial Company								
Home About Us Certificate Information Client Services Tax Information Company Financials								
Certificate Authorized								
Certificate "222222" has been successfully authorized for your account. Click here o return to the Midland National Pension home page.								

- 7. Click on the word 'here' to return to the Home page
- 8. The following screen will be displayed:



- 9. Click on the 'View Certificate' button
- 10. The following screen appears (under Certificate Information)

		AND ONAL _® Financial Company				Help C	Contact Us	Logout
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials			
	ore than one o		our account. Please	click on the certifica	rate number you wish to view certification information.			
Your Certifica • 111111 • 222222	ites							

11. Click on the certificate that you wish to view

A Sammons Financial Company				
Home About Us Certificate Inform	nation Client Services	Tax Information	Company Financials	
Print				
Participant Information				
				Change Address 🖍
Participant Name: Herman Munster			Phone Number:	1
Address: 1313 Mockingbird Lane				
City: Mockingbird Heights	S	itate: WA	Zip Code	e: 11111
Email: hmunster@gmail.com	D	Date of Birth: 01/01	/1793	
Certificate Information				
Certificate Number: 111111	Certificate Type: Single	Life	Status: ACTIVE	
Normal Retirement Date:	Early Retirement Date:		Disbursement Statu	is: Deferred
(Projected) Payment Amount*: \$500.00	%	6 Non-Taxable:		
Required Commencement Date:	c	OLA Amount: \$0.00	COLA Pe	ercentage: 0.00%
*Amount is based upon the Normal Retirement Date.				
Earnings Information				
Certificate Number: 111111	Frequency: Month	ly Disb	oursement Start Date:	: 10/01/2033
Last Disbursement Date:	Next Disbursement Dat	e:	LTD Gross Disburse	ment: \$0.00
Print				

NOTE: If you would like to make changes to a particular certificate, you will need to select which certificate you would like to change.

13. Click on the Client Services link on the top navigation bar

A Sammons Financial Company	
Home About Us Certificate Information Client Services Tax Information Company Financials	
he following screen appears	t Us Logout
Home About Us Certificate Information Client Services Tax Information Company Financials	
Select Certificate • You have more than one certificate associated with your account. Please click on the certificate number to view available client services. Your Certificates • 111111 • 222222	

15. Click on the certificate that you wish to change

14.

	Certificate Information	Client Services	Tax Information	Company Financials		
vailable Servio	es:					
Address Change						
Phone Number Change						
Direct Deposit Change						
Beneficiary Change						
<u>Name Change</u>						
<u>Withholding Change</u>						
<u>Taxpayer Identification Nu</u>	mber Change					
<u>Certificate Request</u>						
Other Change						

- 17. Click on the appropriate link under the 'Available Services' section to make changes to the selected policy
- 18. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

						Help Contact Us Logout
		AND ONAL® Financial Company				
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
• If you have	ve an additional te that you do	onal Certificate certificate with Midland Na not need to authorize the c	tional, enter the ac		number and click on the 'Authorize Certificate' button below ount with us	
Authorize C	ertificate	ancel				

Make Changes to Certificate Information (<u>login</u> required):

Information about making changes:

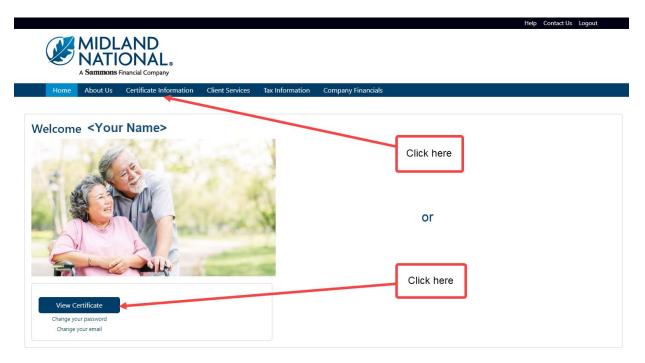
- You can make multiple types of changes (e.g. address change, email, and phone number change) during a single session
- Upon submission of your changes, you will receive an email notification confirming your changes in addition to the confirmation displayed on the screen. Examples are available in <u>Appendix B</u> of this document.
- Please allow 2 <u>business</u> days for processing of changes as we may require some additional information or documentation from you (we will contact you if this is necessary)
- If you have multiple certificates with us, you will need to submit a change for each certificate
- You cannot make another change of the same type (e.g. address change) on the same certificate until we have completed processing of the change you have already submitted. A message will appear on the screen indicating you have a pending request. Examples are available in <u>Appendix C</u> of this document.

There are two ways to make changes to your information:

- Certificate Information Screen (Address, Phone, Bank Information, and Beneficiary changes only)
- Client Services Screen

Certificate Information

1. Click on the 'View Certificate' button on the Home page or click on the Certificate Information link on the top navigation bar



2. The following screen will be displayed

					Help Contac
MIDLAND					
NATIONAL					
A Sammons Financial Company					
Home About Us Certificate Inform	nation Client Services	Tax Information	Company Financials		
Print					
articipant Information					
			Change	Address 🧪	
Participant Name: Herman Munster			Phone Number: 🧪		
Address: 1313 Mockingbird Lane					
ity: Mockingbird Heights	St	ate: WA	Zip Code: 11111		
mail: hmunster@gmail.com	Da	te of Birth: 01/01	/1793		
	I				
ertificate Information					
Certificate Number: 111111	Certificate Type: Single Li	fe	Status: ACTIVE		
lormal Retirement Date:	Early Retirement Date:		Disbursement Status: Deferred		
Projected) Payment Amount*: \$500.00	%	Non-Taxable:			
lequired Commencement Date:	co	DLA Amount: \$0.00	COLA Percentage: 0	.00%	
Amount is based upon the Normal Retirement Date.					
arnings Information					
Certificate Number: 111111	Frequency: Monthly	Disk	oursement Start Date: 10/01/2033	i i i i i i i i i i i i i i i i i i i	
ast Disbursement Date:	Next Disbursement Date		LTD Gross Disbursement: \$0.00		

Change Address:

1. Click on the 'Change Address' button in the upper right corner of the Participant Information section

MIDLAND NATIONAL. A Sammons Financial Company			
Home About Us Certificate Inform	ation Client Services Tax Information	Company Financials	
Print			
Participant Information			
Participant Name: Herman Munster Address: 1313 Mockingbird Lane		Phone Number:	
City: Mockingbird Heights	State: WA	Zip Code: 11111	
Email: hmunster@gmail.com	Date of Birth: 01/0	01/1793	
Certificate Information			
Certificate Number: 111111	Certificate Type: Single Life	Status: ACTIVE	
Normal Retirement Date:	Early Retirement Date:	Disbursement Status: Deferred	
(Projected) Payment Amount*: \$500.00	% Non-Taxable:		
Required Commencement Date:	COLA Amount: \$0.0	00 COLA Percentage: 0.00%	
"Amount is based upon the Normal Retirement Date.			
Earnings Information			
Certificate Number: 111111	Frequency: Monthly Di	sbursement Start Date: 10/01/2033	
Last Disbursement Date:	Next Disbursement Date:	LTD Gross Disbursement: \$0.00	

2. The following screen appears

remaining information on Line 2.	submitting your changes: "Foreign Address" below and submit your change to withhold state taxes, please be aware that this u ke that change.	below to submit your changes (s) in the appropriate address lines. Street addresses should be on Line 1 and pdate will not automatically change your withhholding state. You will need to	
Certificate Number	Participant Name		
111111	Herman Munster		
Foreign Address Address Line 1 1313 Mockingbird Lane Address Line 2			
City	State	Zip	
Mockingbird Heights	Washington ~	11111	
CA Residents: Any person who knowingly presents false or fraudulent informat prison. Change Address Reset Cancel	tion to obtain or amend insurance coverage 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	

Your current address information is displayed on the screen for reference.

Type in the appropriate changes in the appropriate fields. The 'State' field is a dropdown list containing an available list of states that can be selected by scrolling through the list and clicking on the appropriate state.

The following fields are required:

- Address Line 1
- City*
- State*
- Zip*

* These required fields are for non-foreign addresses only

3. Once you are finished updating your address information, click on the 'Change Address' button

4. The following screen will be displayed

	MIDL	AND ONAL。			Help Contact Us Logout
	A Sammons	Financial Company			
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials
Your service	request for 'ad	Submitted dress change' has been suc Midland National Pension H	·	l. Please allow two fi	ull business days for processing.
Click nere to	return to the i	Midiand National Pension P	iome Page.		

- 5. Click on the word 'here' to return to the Home page
- 6. If you are changing to a 'foreign address', click on the checkbox to the left of the 'Foreign Address' label (displayed in red)

Change Address	
 Provide your updated address informati The following fields are required to be of Address Line 1 City State Zip For foreign address changes, click on the remaining information on Line 2. If you are changing your residence state complete a <u>Withholding Change</u> reques Click on the 'Reset' button to clear out y 	ckbox labeled 'Foreign Address' below and submit your change(s) in the appropriate address lines. Street addresses should be on Line 1 and have elected to withhold state taxes, please be aware that this update will not automatically change your withhholding state. You will need to ou wish to make that change.
Certificate Number	Participant Name
111111	Herman Munster
Foreign Address Address Line 1 1313 Mockingbird Lane	
Address Line 2	
City	State Zip
CA Residents: Any person who knowingly presents fals prison.	audulent information to obtain or amend insurance coverage 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 s
Change Address Reset Cancel	

This will make the City, State, and Zip fields display in a gray color and only allow changes to be made in the Address Line 1 and Address Line 2 fields.

7. Click on the 'Change Address' button

8. The following screen will be displayed

						Help	Contact Us Logout	
	MIDL	AND						
	NATI	AND ONAL。						
	A Sammons F	inancial Company						
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials			
Service R	equest	Submitted						
Your service re	equest for 'dire	ect deposit change' has bee	n successfully sub	mitted. Please allow	two full business days for processing.			
Click here to r	eturn to the N	/idland National Pension H	ome Page.					

- 9. Click on the word 'here' to return to the Home page
- 10. If you wish to clear out the information you updated prior to submitting the changes, click on the 'Reset' button

 Address Line 1 City State Zip 				
State				
• Zip				
	oreign Address' below and submit your change(s) in the appropriate address lines. Street addresses should be on Line 1 ar		
remaining information on Line 2. If you are changing your residence state and have elected to y	withhold state taxes, please be aware that this up	date will not automatically change your withhholding state. You will need		
complete a Withholding Change request if you wish to make t				
Click on the 'Reset' button to clear out your changes				
Click on the 'Cancel' button to cancel the change and be retur	med nom the nome page			
Certificate Number	Participant Name			
11111 Herman Munster				
oreign Address				
oreign Address ddress Line 1				
oreign Address				
oreign Address ddress Line 1 1313 Mockingbird Lane				
oreign Address ddress Line 1 1313 Mockingbird Lane				
ddress Line 1 1313 Mockingbird Lane ddress Line 2				
oreign Address ddress Line 1 1313 Mockingbird Lane ddress Line 2	State Washington	Zip 11111		

11. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

Change Address		
The following fields are required to be co Address Line 1 City State Zip For foreign address changes, click on the remaining information on Line 2. If you are changing your residence state a complete a <u>Withholding Change</u> request Click on the 'Reset' button to clear out yo	checkbox labeled 'Foreign Address' below and submit and have elected to withhold state taxes, please be aw if you wish to make that change.	dress' button below to submit your changes t your change(s) in the appropriate address lines. Street addresses should be on Line 1 and ware that this update will not automatically change your withhholding state. You will need to
Certificate Number	Participant Name	
111111	Herman Munster	
Address Line 1 1313 Mockingbird Lane		
Address Line 2		
City	State	Zip
Mockingbird Heights	Washington	× 11111
CA Residents: Any person who knowingly presents false prison.	or fraudulent information to obtain or amend insurance coverage o	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

Change Phone Number:

1. Click on the 'pencil' icon to the right of the 'Phone' field within the Participant Information section

MIDLAND NATIONAL A Sammons Financial Compa	_ ⊛ ny		
Home About Us Certificate Ir	nformation Client Services Tax Info	ormation Company Financials	
Print			
Participant Information			
		Change Address 🖍	
		Phone Number:	
Participant Name: Herman Munster			
Address: 1313 Mockingbird Lane	State: W		
Address: 1313 Mockingbird Lane City: Mockingbird Heights			
Address: 1313 Mockingbird Lane City: Mockingbird Heights Email: hmunster@gmail.com		A Zip Code: 11111	
Address: 1313 Mockingbird Lane City: Mockingbird Heights Email: hmunster@gmail.com Certificate Information		A Zip Code: 11111	
Address: 1313 Mockingbird Lane City: Mockingbird Heights Email: hmunster@gmail.com Certificate Information Certificate Number: 111111	Date of Bi	A Zip Code: 11111 rth: 01/01/1793	
Address: 1313 Mockingbird Lane City: Mockingbird Heights Email: hmunster@gmail.com Certificate Information Certificate Number: 111111 Normal Retirement Date:	Date of Bi Certificate Type: Single Life Early Retirement Date:	A Zip Code: 11111 rth: 01/01/1793 Status: ACTIVE Disbursement Status: Deferred	
Address: 1313 Mockingbird Lane City: Mockingbird Heights Email: hmunster@gmail.com Certificate Information Certificate Number: 111111 Normal Retirement Date: (Projected) Payment Amount*: \$500.	Certificate Type: Single Life Early Retirement Date: 00 % Non-Ta:	A Zip Code: 11111 rth: 01/01/1793 Status: ACTIVE Disbursement Status: Deferred	
Address: 1313 Mockingbird Lane City: Mockingbird Heights Email: hmunster@gmail.com Certificate Information Certificate Number: 111111 Normal Retirement Date: (Projected) Payment Amount*: \$500. Required Commencement Date:	Certificate Type: Single Life Early Retirement Date: 00 % Non-Ta: COLA Amo	A Zip Code: 11111 rth: 01/01/1793 Status: ACTIVE Disbursement Status: Deferred xable:	
Address: 1313 Mockingbird Lane City: Mockingbird Heights Email: hmunster@gmail.com Certificate Information Certificate Number: 111111 Normal Retirement Date: (Projected) Payment Amount*: \$500. Required Commencement Date: 'Amount is based upon the Normal Retirement Date	Certificate Type: Single Life Early Retirement Date: 00 % Non-Ta: COLA Amo	A Zip Code: 11111 rth: 01/01/1793 Status: ACTIVE Disbursement Status: Deferred xable:	
Participant Name: Herman Munster Address: 1313 Mockingbird Lane City: Mockingbird Heights Email: hmunster@gmail.com Certificate Information Certificate Number: 111111 Normal Retirement Date: (Projected) Payment Amount*: \$500. Required Commencement Date: *Amount is based upon the Normal Retirement Date Earnings Information Certificate Number: 111111	Certificate Type: Single Life Early Retirement Date: 00 % Non-Ta: COLA Amo	A Zip Code: 11111 rth: 01/01/1793 Status: ACTIVE Disbursement Status: Deferred xable:	

Print

2. The following screen appears

Change Phone Number • Provide your updated phone information within the field bel • Click on the 'Reset' button to clear out your changes • Click on the 'Cancel' button to cancel the change and be returned	low and click on the 'Change Phone' button below to submit your changes urned to the Home page
Certificate Number	Participant Name
111111	Herman Munster
Phone Number CA Residents: Any person who knowingly presents false or fraudulent information prison. Change Phone Reset Cancel	in to obtain or amend insurance coverage 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

Type in the appropriate changes in the phone number field.

- 3. Once you are finished updating your phone number, click on the 'Change Phone' button
- 4. The following screen will be displayed

	Help Contact Us Logout
MIDLAND NATIONAL.	
A Sammons Financial Company	
Home About Us Certificate Information Client Services Tax Information Company Financials	
Service Request Submitted	
Your service request for 'phone number change' has been successfully submitted. Please allow two full business days for processing.	
Click here to return to the Midland National Pension Home Page.	

- 5. Click on the word 'here' to return to the Home page
- 6. If you wish to clear out the information you updated prior to submitting the changes, click on the 'Reset' button

Change Phone Number Provide your updated phone information within the field below and click on the 'Change Phone' button below to submit your changes Click on the 'Reset' button to clear out your changes Click on the 'Cancel' button to cancel the change and be returned to the Home page						
Certificate Number	Participant Name					
111111	Herman Munster					
Phone Number						
CA Residents: Any person who knowingly presents false or fraudulent information prison.	on to obtain or amend insurance coverage 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					
Change Phone Reset Cancel						

7. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

Change Phone Number • Provide your updated phone information within the field b • Click on the 'Reset' button to clear out your changes • Click on the 'Cancel' button to cancel the change and be re	elow and click on the 'Change Phone' button below to submit your changes eturned to the Home page
Certificate Number	Participant Name
111111	Herman Munster
Phone Number)
CA Residents: Any person who knowingly presents false or fraudulent informa prison.	tion to obtain or amend insurance coverage 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
Change Phone Reset Cancel	

Change Bank Information (Direct Deposit):

1. Click on the 'Change Bank Information' button in the upper right corner of the Bank Information section

MIDLAND NATIONAL A Sammons Financial Compan	·			
Home About Us Certificate Inf	formation Client Services	Tax Information	Company Financials	
Print				
Participant Information				
			Change Addre	ress 🧪
Participant Name: Herman Munster			Phone Number: 🧪	
Address: 1313 Mockingbird Lane				
City: Mockingbird Heights		State: WA	Zip Code: 11111	
Email: hmunster@gmail.com		Date of Birth: 01/01	/1793	
Certificate Information				
Certificate Number: 111111	Certificate Type: Single	e Life	Status: ACTIVE	
Normal Retirement Date:	Early Retirement Date	:	Disbursement Status: In Pay	
Payment Amount*: \$500.00		% Non-Taxable:		
Required Commencement Date:		COLA Amount: \$0.00	COLA Percentage: 0.00%	
*Amount is based upon the Normal Retirement Date.				
Bank Information				
			Change Bank Informati	tion 🧪
Bank Name: Bank of Mockingbird He	-		Bank Account Type: Checking	
Bank Routing Number: 1111111111		Bank Account Numbe	er: 1111111111	

2. The following screen appears

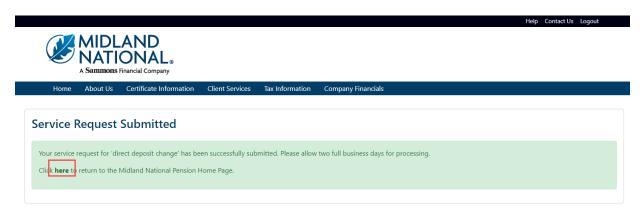
The following fields are required to be completed Account Type Routing Number (must be 9 digits and start v Account Number (must be a minimum of 4 d	prior to submitting your changes: rith either a 0, 1, 2, or 3) gits and has a maximum of 17 digits) nger wish to receive payments via direct deposit), clic es	below and click on the 'Change Direct Deposit' button below to submit your changes the on the checkbox labeled 'Remove Direct Deposit' (in red) and click on the 'Change
Certificate Number	Participant Name	
111111	Herman Munster	
Remove Direct Deposit Bank Name Bank of Mockingbird Heights		
Account Type	Routing Number	Account Number (current ends in 1111)
Checking	11111111	
CA Residents: Any person who knowingly presents false or fraudule prison.	nt information to obtain or amend insurance coverage 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

Your current direct deposit information is displayed on the screen for reference.

Type in the appropriate changes in the appropriate fields. The 'State' field is a dropdown list containing an available list of states that can be selected by scrolling through the list and clicking on the appropriate state. The 'Account Type' field is also a dropdown list that allows you to select Checking or Savings.

The following fields are required:

- Account Type
- Routing Number
- Account Number
- 3. Once you are finished updating your direct deposit information, click on the 'Change Direct Deposit' button
- 4. The following screen will be displayed



5. Click on the word 'here' to return to the Home page

6. If you wish to 'remove' your direct deposit request, click on the checkbox to the left of the 'Remove Direct Deposit' label (displayed in red)

prior to submitting your changes: ith either a 0, 1, 2, or 3) gits and has a maximum of 17 digits) ger wish to receive payments via direct deposit), clic es	below and click on the 'Change Direct Deposit' button below to submit your changes k on the checkbox labeled 'Remove Direct Deposit' (in red) and click on the 'Change
Participant Name	
Herman Munster	
Routing Number	Account Number (current ends in 1111)
11111111	
nt information to obtain or amend insurance coverage 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
	prior to submitting your changes: ith either a 0, 1, 2, or 3) gits and has a maximum of 17 digits) iger wish to receive payments via direct deposit), clic es ind be returned to the Home page Participant Name Herman Munster Routing Number 11111111

This will make the fields for the direct deposit display in a gray color. It will also disable the ability to make changes to any of the fields.

- 7. Click on the 'Change Direct Deposit' button
- 8. The following screen will be displayed

							Help Contact Us Logout
	MIDL	AND ONAL.					
		ONAL®					
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials		
Service l	Request	Submitted					
Your service	request for 'dir	ect deposit change' has be	en successfully sub	mitted. Please allow	two full business days for processir	na.	
		vidland National Pension H				.9.	
City R nere to	netum to the l		onie raye.				

9. Click on the word 'here' to return to the Home page

10. If you wish to clear out the information you updated prior to submitting the changes, click on the 'Reset' button

The following fields are required to be complete Account Type Routing Number (must be 9 digits and start Account Number (must be a minimum of 4	ed prior to submitting your changes: t with either a 0, 1, 2, or 3) digits and has a maximum of 17 digits) longer wish to receive payments via direct deposit), click nges	elow and click on the 'Change Direct Deposit' button below to submit your changes on the checkbox labeled 'Remove Direct Deposit' (in red) and click on the 'Change		
Certificate Number	Participant Name			
111111	Herman Munster			
Remove Direct Deposit Bank Name Bank of Mockingbird Heights				
Account Type	Routing Number	Account Number (current ends in 1111)		
Checking	11111111			
CA Residents: Any person who knowingly presents false or fraud prison. Change Direct Deposit Cancel	Jent information to obtain or amend insurance coverage 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		

11. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

 The following fields are required to be completed prior to a Account Type Routing Number (must be 9 digits and start with eithe Account Number (must be a minimum of 4 digits and 	submitting your changes: er a 0, 1, 2, or 3) has a maximum of 17 digits) n to receive payments via direct deposit), click	velow and click on the 'Change Direct Deposit' button below to submit your changes : on the checkbox labeled 'Remove Direct Deposit' (in red) and click on the 'Change						
Certificate Number	Participant Name							
111111	111111 Herman Munster							
Remove Direct Deposit Bank Name								
Bank of Mockingbird Heights								
Account Type	Routing Number	Account Number (current ends in 1111)						
Checking	11111111							

Beneficiary Change:

1. Click on the 'Change Beneficiary Information' button in the upper right corner of Beneficiary Information section (the button is displayed in the upper right corner for each beneficiary)

MIDLAND NATIONAL.			
A Sammons Financial Company			
Home About Us Certificate Inform	nation Client Services Tax Infor	mation Compar	ny Financials
Print			
Participant Information			
Participant Information			Change Address 🖍
Participant Name: Herman Munster		Pho	ne Number:
Address: 1313 Mockingbrid Lane			
City: Mockingbird Heights	State: WA	λ.	Zip Code: 11111
Email: hmunster@gmail.com	Date of Birt	h: 01/01/1793	
Certificate Information			
Certificate Number: 111111	Certificate Type: Single Life	Status:	ACTIVE
Normal Retirement Date:	Early Retirement Date:	Disburs	ement Status: In Pay
Payment Amount*: \$500.00	% Non-Taxa	able:	
Required Commencement Date:	COLA Amou	unt: \$0.00	COLA Percentage: 0.00%
Amount is based upon the Normal Retirement Date.			
Bank Information			
	inhts	Pau	Change Bank Information
Bank Name: Bank of Mockingbird He			k Account Type: Checking
Bank Name: Bank of Mockingbird He		Bar Int Number: 111	k Account Type: Checking
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111			k Account Type: Checking
Bank Name: Bank of Mockingbird He Bank Routing Number: 1111111111 Earnings Information Certificate Number: 111111	Bank Accou	int Number: 111 Disbursemer	ik Account Type: Checking 1111111 nt Start Date:
Bank Name: Bank of Mockingbird He Bank Routing Number: 1111111111 Earnings Information Certificate Number: 111111	Bank Accou	int Number: 111 Disbursemer	IK Account Type: Checking
Bank Name: Bank of Mockingbird He Bank Routing Number: 1111111111 Earnings Information Certificate Number: 111111	Bank Accou Frequency: Monthly Next Disbursement Date:	int Number: 111 Disbursemer LTD Gr	ik Account Type: Checking 1111111 nt Start Date:
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date:	Bank Accou Frequency: Monthly Next Disbursement Date:	int Number: 111 Disbursemer LTD Gr Ye	ak Account Type: Checking 1111111 nt Start Date: oss Disbursement:
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Gross Disbursement:	Bank Accou Frequency: Monthly Next Disbursement Date:	int Number: 111 Disbursemer LTD Gr Ye Jrsement:	ak Account Type: Checking 1111111 nt Start Date: oss Disbursement:
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Gross Disbursement: Federal W/H: \$0.00	Bank Accou Frequency: Monthly Next Disbursement Date: Gross Disbu	Int Number: 111 Disbursemer LTD Gr Ye ursement: H: \$0.00	ak Account Type: Checking 1111111 nt Start Date: oss Disbursement:
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Gross Disbursement: Federal W/H: \$0.00 State Tax W/H:	Bank Accou Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/	Int Number: 111 Disbursemen LTD Gr Ve Irsement: H: \$0.00 I/H:	ak Account Type: Checking 1111111 nt Start Date: oss Disbursement:
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Gross Disbursement: Federal W/H: \$0.00 State Tax W/H: Net Disbursement:	Bank Accou Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/ State Tax W	Int Number: 111 Disbursemen LTD Gr Ve Irsement: H: \$0.00 I/H:	ak Account Type: Checking 1111111 nt Start Date: oss Disbursement:
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Gross Disbursement: Federal W/H: \$0.00 State Tax W/H: Net Disbursement:	Bank Accou Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/ State Tax W	Int Number: 111 Disbursemer LTD Gr Ye ursement: H: \$0.00 //H: sement:	ak Account Type: Checking 1111111 at Start Date: oss Disbursement: ear to Date
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Gross Disbursement: Federal W/H: \$0.00 State Tax W/H: Net Disbursement:	Bank Accou Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/ State Tax W	Int Number: 111 Disbursemer LTD Gr Ve Irsement: H: \$0.00 I/H: sement:	ak Account Type: Checking 1111111 nt Start Date: oss Disbursement:
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Date: Federal W/H: \$0.00 State Tax W/H: Net Disbursement: Beneficiary Information Beneficiary 1 Name: Eddie Munster	Bank Accou Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/ State Tax W	Int Number: 111 Disbursemer LTD Gr Ve Irsement: H: \$0.00 I/H: sement:	Ak Account Type: Checking 1111111 ht Start Date: oss Disbursement: har to Date Change Beneficiary Information 🖍
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Date: Gross Disbursement: Federal W/H: \$0.00 State Tax W/H: Net Disbursement: Beneficiary Information Beneficiary 1 Name: Eddie Munster Address: 1313 Mockingbird Lane City: Mockingbird Heights	Bank Accou Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/ State Tax W	Int Number: 111 Disbursemen LTD Gr Ve Irsement: H: \$0.00 I/H: sement:	Ak Account Type: Checking 1111111 ht Start Date: oss Disbursement: har to Date Change Beneficiary Information 🖍
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Date: Gross Disbursement: Federal W/H: \$0.00 State Tax W/H: Net Disbursement: Beneficiary Information Beneficiary 1 Name: Eddie Munster Address: 1313 Mockingbird Lane	Bank Accou Frequency: Monthly Next Disbursement Date: Gross Disbur Federal W/ State Tax W Net Disburs	Int Number: 111 Disbursemen LTD Gr Ve Irsement: H: \$0.00 I/H: sement:	Ak Account Type: Checking 1111111 Int Start Date: Int Start Date: Int Start Date: Int to Date Int to
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement: Federal W/H: \$0.00 State Tax W/H: Net Disbursement: Beneficiary Information Beneficiary 1 Name: Eddie Munster Address: 1313 Mockingbird Lane City: Mockingbird Heights	Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/ State Tax W Net Disburse	Int Number: 111 Disbursemer LTD Gr Ve Irsement: H: \$0.00 I//H: sement: Pinc shington	Ak Account Type: Checking 1111111 Int Start Date: Int Start Date: Int Start Date: Int Change Beneficiary Information Int Mumber: Zip Code: 11111
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Date: Gross Disbursement: Federal W/H: \$0.00 State Tax W/H: Net Disbursement: Beneficiary Information Beneficiary 1 Name: Eddie Munster Address: 1313 Mockingbird Lane City: Mockingbird Heights Relationship: Child Beneficiary 2 Name:	Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/ State Tax W Net Disburse	Int Number: 111 Disbursemer LTD Gr Ve Irsement: H: \$0.00 //H: sement: Shington Irrevocable:	Ak Account Type: Checking 1111111 Int Start Date: Oss Disbursement: Int to Date Change Beneficiary Information Mer Number: Zip Code: 11111 Per Stirpes:
Bank Name: Bank of Mockingbird He Bank Routing Number: 111111111 Earnings Information Certificate Number: 111111 Last Disbursement Date: Last Disbursement Date: Gross Disbursement: Federal W/H: \$0.00 State Tax W/H: Net Disbursement: Beneficiary Information Beneficiary 1 Name: Eddie Munster Address: 1313 Mockingbird Lane City: Mockingbird Heights Relationship: Child Beneficiary 2 Name: Address: 1313 Mockingbird Lane	Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/ State Tax W Net Disburs State: Wa Split: 50.00%	Int Number: 111 Disbursemen LTD Gr Ve Irsement: H: \$0.00 I//H: sement: Shington Irrevocable:	Ak Account Type: Checking 1111111 Int Start Date: Int Start Date: Int Start Date: Int Start Date Int Start Dat
Last Disbursement Date: Last Disbursement: Federal W/H: \$0.00 State Tax W/H: Net Disbursement: Beneficiary Information Beneficiary 1 Name: Eddie Munster Address: 1313 Mockingbird Lane City: Mockingbird Heights Relationship: Child	Frequency: Monthly Next Disbursement Date: Gross Disbu Federal W/ State Tax W Net Disburse	Int Number: 111 Disbursemen LTD Gr Ve Irsement: H: \$0.00 I//H: sement: Shington Irrevocable:	Ak Account Type: Checking 1111111 Int Start Date: Oss Disbursement: Int to Date Change Beneficiary Information InterNumber: InterNumbe

2. The following screen appears

Herman Muns	ster			
Last Name	Relation	DOB	SSN	% Split
Munster	Child ~	01/01/1964	XXX-XX-2222	50.00
Address 2	City	State	Zip	
	Mockingbird Heights	Washington	× 11111	
Last Name	Relation	DOB	SSN	% Split
Munster	Other ~	06/01/1959	XXX-XX-3333	50.00
Address 2	City	State	Zip	
	Mockingbird Heights	Washington	✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓<	
	Last Name Munster Address 2 Last Name Munster Address 2	Participant Name Herman Munster Munster Address 2 City Mockingbird Heights Munster Other Address 2 City Munster Other Munster Other Munster Other Munster Munster Other	Participant Name Participant Name Herman Munster DOB Munster Child 01/01/1964 Address 2 City State Mockingbird Heights Washington Munster Other 06/01/1959 Address 2 City State Munster Other Washington	Participant Name Herman Munster DOB SSN Munster Child 01/01/1964 XXX-XX-2222 Address 2 City State Zip Mockingbird Heights Washington 11111 Last Name Relation DOB SSN Munster Other 06/01/1959 XXX-XX-3333 Address 2 City State Zip

If available, your current beneficiary information will be displayed on the screen for reference.

Three options are available to you:

- 1. Change Existing Beneficiary Information
- 2. Add a New Beneficiary
- 3. Remove an Existing Beneficiary

Change Existing Beneficiary Information:

a. Type in the appropriate changes in the appropriate fields. The 'State' field is a dropdown list containing an available list of states that can be selected by scrolling through the list and clicking on the appropriate state. The 'Relation' field is also a dropdown list that allows you to select the appropriate relationship of the beneficiary.

The following fields are required:

- Last Name
- Relationship

b. Once you are finished updating your beneficiary information, click on the 'Submit Changes' button

	 If adding beneficiaries, cli The following fields are re Last Name Relationship If removing beneficiaries, 	le your updated ck on the 'Add A equired to be co click on the che peneficiary is no n to clear out yo	A New Beneficiary' b mpleted prior to su ckbox labeled 'Rem t an individual (e.g. ur changes	button below, input your inform bmitting your changes: ove Beneficiary' (in red) and clic Trust), please input the name in	d click on the 'Submit Changes' bu ation, and click on the 'Submit Ch changes' button formation in the last name field or	anges' button below ı below			
ſ	Certificate Number			Participant Name					
	111111			Herman Munster					
	Add A New Beneficiary Beneficiary #1 Remove Beneficiary								
	First Name	МІ	Last Name		Relation	DOB	SSN		% Split
	Eddie		Munster		Child ~	01/01/1964	XXX	<-XX-2222	50.00
	Address 1		Address 2		City	State		Zip	
	1313 Mockingbird Lane				Washington ~ 11111				
	Beneficiary #2 Remove Beneficiary								
	First Name	мі	Last Name		Relation	DOB	SSN		% Split
	Marilyn		Munster		Other ~	06/01/1959	XXX	<-XX-3333	50.00
	Address 1		Address 2		City	State		Zip	
	1313 Mockingbird Lan	ne			Mockingbird Heights	Washington	~	11111	
	Owner/Joint Owner understands and a has no duty to inquire further about a Please note that the term "Spouse" in marriage-like arrangement permitted	agrees the Compan ny such interest. As cludes domestic par by law.	y may presume that no s a result, the Owner/Join tner or other partner as	uch interest exists if the Owner/Joint O t Owner agrees to indemnify and hold t permitted by civil union, domestic partr	nd the Owner/Joint Owner obtain his/her wner has not obtained his/her spouse's sig he Company harmless from any conseque ership or similar law. Likewise, the term "c ge or to make a claim for the payment of a	nature. Further, the Owner/Jo nces relating to community pr ivil union" is intended to mean	int Owner un roperty or civi n civil union,	iderstands and agree vil union interests and domestic partnershi	es the Company nd this transaction. ip or other

c. The following screen will be displayed

		AND ONAL® Financial Company				Help Contact Us Logout
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
Service I	Request	Submitted				
		eneficiary change' has been Midland National Pension F	ĺ.	tted. Please allow tw	full business days for processing.	

d. Click on the word 'here' to return to the Home page

Add a New Beneficiary:

a. Click on the 'Add New Beneficiary' button

NOTE: Not all pension plans allow a beneficiary provision. Please refer to your certificate information to determine if a beneficiary can be added.

-	e beneficiary is r ton to clear out	not an individual (e.g. Trust your changes	Beneficiary' (in red) and click or), please input the name inform to the Home page				
Certificate Number		Pa	ticipant Name				
111111		H	erman Munster				
Add A New Beneficiary	1						
Beneficiary #1]						
Remove Beneficiary							
irst Name	МІ	Last Name	R	elation	DOB	SSN	% Split
Eddie]	Munster		Child ~	01/01/1964	XXX-XX-2222	50.00
Address 1		Address 2	c	ity	State	Zip	
1313 Mockingbird L	ane			Mockingbird Heights	Washington	✓11111	
Beneficiary #2							
Remove Beneficiary							
irst Name	МІ	Last Name	R	elation	DOB	SSN	% Split
Marilyn		Munster		Other ~	06/01/1959	XXX-XX-3333	50.00
		Address 2	c	ity	State	Zip	
Address 1				Mockingbird Heights	Washington	✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓<	

b. The following screen appears

irst Name	МІ	Last Name	Relation	DOB	SSN	% Spli
			<empty></empty>	~		
ddress 1		Address 2	City	State	Zip	
				<fmpty></fmpty>	v	
		21.1.2	we strongly recommend the Owner/Joint Owner obt. if the Owner/Joint Owner has not obtained his/her s		document his/her consent to t	
wner/Joint Owner understa is no duty to inquire furthe	ands and agrees the Con er about any such interes pouse" includes domesti	pany may presume that no such interest exists t. As a result, the Owner/Joint Owner agrees to	27 C	spouse's signature. Further, the Ov y consequences relating to comm	document his/her consent to t wner/Joint Owner understands unity property or civil union in	and agrees the Com terests and this trans

A new blank beneficiary section will be displayed (if you have existing beneficiaries) or a blank beneficiary section will display (if no previous beneficiaries). The beneficiary # displayed will be dependent upon the number of beneficiaries currently indicated (e.g. therefore the number displayed will vary).

c. Type in the appropriate changes in the appropriate fields. The 'State' field is a dropdown list containing an available list of states that can be selected by scrolling through the list and clicking on the appropriate state. The 'Relation' field is also a dropdown list that allows you to select the appropriate relationship of the beneficiary.

The following fields are required:

- Last Name
- Relationship
- d. Once you are finished updating your beneficiary information, click on the 'Submit Changes' button

Remove Beneficiary First Name	MI	Last Name	Relation <empty></empty>	DOB	SSN	% Split
Address 1		Address 2	City	State	Zip	
wner/Joint Owner understands and a as no duty to inquire further about ar lease note that the term "Spouse" inc	grees the Company y such interest. A udes domestic pa	ny may presume that no such interest exists s a result, the Owner/Joint Owner agrees to	we strongly recommend the Owner/Joint Owner obtain if the Owner/Joint Owner has not obtained his/her spo indemnify and hold the Company harmless from any co union, domestic partnership or similar law. Likewise, the	use's signature. Further, the Ov onsequences relating to comm	wner/Joint Owner understands and unity property or civil union intere	l agrees the Compa sts and this transact
harriage-like arrangement permitted b	·	or fraudulent information to obtain or ame	end insurance coverage or to make a claim for the paym	ent of a loss is guilty of a crime	e and may be subject to fines and	confinement in stat

e. The following screen will be displayed

		Help Contact Us Logout
A Sammons Financial Company		
Home About Us Certificate Information Client	Services Tax Information Company Financials	
Service Request Submitted		
Your service request for 'beneficiary change' has been successfu Click here to return to the Midland National Pension Home Pag	ally submitted. Please allow two full business days for processing. Je.	

f. Click on the word 'here' to return to the Home page

Remove an Existing Beneficiary:

a. Click on the checkbox to the left of the 'Remove Beneficiary' label (displayed in red)

 If making changes, prov 	بليام بالمربية بالمرام	d han afisian cinform	ation within the fields helow ar	d click on the 'Submit Changes' b	uttee below		
		· · · · · · · · · · · · · · · · · · ·		nation, and click on the 'Submit Changes' b			
 The following fields are Last Name 		· · · · · · · · · · · · · · · · · · ·			5		
 Relationship If removing beneficiarie 	s, click on the c	heckbox labeled 'Ren	nove Beneficiary' (in red) and cl	ick on the 'Submit Changes' butto	n below		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nformation in the last name field o			
Click on the 'Reset' butt	on to clear out	your changes			·		
Click on the 'Cancel' bu	tton to cancel th	ne change and be ret	urned to the Home page				
Certificate Number			Participant Name				
			·				
111111			Herman Munster				
111111			Herman Munster				
Add A New Beneficiary			Herman Munster				
Add A New Beneficiary			Herman Munster				
Add A New Beneficiary Beneficiary #1			Herman Munster				
Add A New Beneficiary			Herman Munster				
Add A New Beneficiary Beneficiary #1	мі	Last Name	Herman Munster	Relation	DOB	SSN	% Split
Add A New Beneficiary Beneficiary #1 Remove Beneficiary	MI	Last Name Munster	Herman Munster	Relation Child ~	DOB 01/01/1964	ssn XXX-XX-2222	% Split 50.00
Add A New Beneficiary Beneficiary #1 Remove Beneficiary First Name Eddie	MI	Munster	Herman Munster	Child ~	01/01/1964	XXX-XX-2222	· ·
Add A New Beneficiary Beneficiary #1 Remove Beneficiary First Name	MI		Herman Munster				· ·

This will make the fields for that beneficiary display in a gray color. It will also disable the ability to make changes to any of the fields.

b. Click on the 'Submit Changes' button

	click on the che	eckbox labeled 'Rem	nove Beneficiary' (in red) and cli	ick on the 'Submit Changes' buttor nformation in the last name field c			
 Click on the 'Reset' buttor Click on the 'Cancel' buttor 			urned to the Home page				
Certificate Number			Participant Name				
111111			Herman Munster				
Remove Beneficiary	мі	Last Name		Relation	DOB	SSN	
Remove Beneficiary First Name Eddie	мі	Last Name Munster Address 2		Relation Child ~ City	DOB 01/01/1964 State	SSN XXX-XX-2222 Zip	% split 50.0
Seneficiary #1 Remove Beneficiary First Name Eddie Address 1 1313 Mockingbird Lan		Munster		Child ~	01/01/1964	XXX-XX-2222	

c. The following screen will be displayed

						Help Contact Us Logout
		AND ONAL® Financial Company				
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
Your service	request for 'be	Submitted neficiary change' has been Midland National Pension H	í.	tted. Please allow tw	o full business days for processing.	

- d. Click on the word 'here' to return to the Home page
- 4. If you wish to clear out the information you updated prior to submitting the changes, click on the 'Reset' button

 If adding beneficiaries, clici The following fields are reconstructed and the second seco	your updated k on the 'Add guired to be of lick on the ch eneficiary is no to clear out y	A New Beneficiary' to ompleted prior to su eckbox labeled 'Rem ot an individual (e.g. our changes	ove Beneficiary' (in red) and cl Trust), please input the name i	nation, and click on th ick on the 'Submit Cha	e 'Submit Cha	anges' button below below			
Certificate Number			Participant Name						
111111			Herman Munster						
Add A New Beneficiary Beneficiary #1 Remove Beneficiary First Name Eddie	МІ	Last Name Munster		Relation Child	~	DOB 01/01/1964	SSN XXX	X-XX-2222	% Split 50.00
Address 1		Address 2		City		State		Zip	
1313 Mockingbird Lar	ne			Mockingbird	Heights	Washington	~	11111	
Beneficiary #2 Remove Beneficiary First Name Marilyn	МІ	Last Name Munster		Relation	~	DOB 06/01/1959	SSN	X-XX-3333	% Split
Address 1		Address 2		City	•	State		Zip	30.00
1313 Mockingbird Lane	e	Address 2		Mockingbird	Heights	Washington	~	21p 11111	
Community Property: If this transactic Owner/Joint Owner understands and ag has no duty to inquire further about an Please note that the term "Spouse" incli marriage-like arrangement permitted b CA Residents: Any person who knowin prison. Submit Changes	grees the Compai y such interest. A udes domestic pa y law.	ny may presume that no s s a result, the Owner/Join artner or other partner as	such interest exists if the Owner/Joint t Owner agrees to indemnify and hold permitted by civil union, domestic par	Dwner has not obtained his/ the Company harmless fror tnership or similar law. Likev	'her spouse's sig m any consequer wise, the term "c	nature. Further, the Owner/Joi nces relating to community pr ivil union" is intended to mear	nt Owner u operty or ci n civil union	inderstands and agrei ivil union interests an I, domestic partnershi	es the Company d this transaction. ip or other

5. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

Change Beneficia	ries						
 If adding beneficiaries, clici The following fields are rec Last Name Relationship If removing beneficiaries, c 	k on the 'Add A quired to be con lick on the chec eneficiary is not to clear out you	New Beneficiary' b ppleted prior to su kbox labeled 'Rem an individual (e.g. r changes	button below, input your inform bmitting your changes: nove Beneficiary' (in red) and cli Trust), please input the name ir	d click on the 'Submit Changes' bu hation, and click on the 'Submit Ch ck on the 'Submit Changes' buttor nformation in the last name field or	anges' button below ı below		
Certificate Number			Participant Name				
111111			Herman Munster				
Add A New Beneficiary Beneficiary #1 Remove Beneficiary							
First Name	мі	Last Name		Relation	DOB	SSN	% Split
Eddie		Munster		Child ~	01/01/1964	XXX-XX-2222	50.00
Address 1		Address 2		City	State	Zip	
1313 Mockingbird Lar	ie			Mockingbird Heights	Washington	✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓<	
Beneficiary #2 Remove Beneficiary							
First Name	МІ	Last Name		Relation	DOB 06/01/1959	SSN	% Split
Marilyn		Munster		Other ~		XXX-XX-3333	50.00
Address 1		Address 2		City	State	Zip	
1313 Mockingbird Lane	e			Mockingbird Heights	Washington	× 11111	
Owner/Joint Owner understands and ag has no duty to inquire further about an Please note that the term "Spouse" incl marriage-like arrangement permitted b	grees the Company y such interest. As a udes domestic partr y law.	may presume that no s result, the Owner/Join her or other partner as	such interest exists if the Owner/Joint C t Owner agrees to indemnify and hold permitted by civil union, domestic part	end the Owner/Joint Owner obtain his/her wmer has not obtained his/her spouse's sig the Company harmless from any conseque nership or similar law. Likewise, the term "c ge or to make a claim for the payment of a	nature. Further, the Owner/Jo nces relating to community pi ivil union" is intended to mea	int Owner understands and agre operty or civil union interests ar n civil union, domestic partnerst	ees the Company nd this transaction. hip or other

Client Services

1. Click on the Client Services link on the top navigation bar



2. The following screen appears

			AND ONAL® Financial Company					Help Contact Us Logout
	Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials		
۸۱ •	Address Cha	e Servic	es:					
•	Phone Num	<u>ber Change</u>						
•	Direct Depo	<u>sit Change</u>						
•	Beneficiary (<u>Change</u>						
•	Name Chan	ge						
•	Withholding	<u>j Change</u>						
•	Taxpayer Ide	entification Nu	<u>mber Change</u>					

- <u>Certificate Request</u>
- Other Change

Do You Have Additional Certificates With Us?

<u>View Additional Certificates</u>

Download our <u>Client Services</u> 🛃 form.

Address Change:

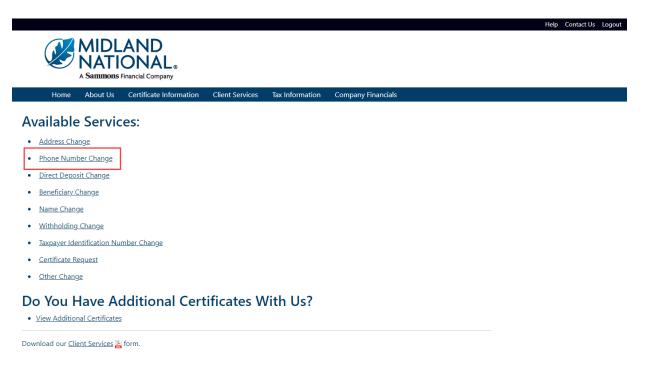
1. Click on the 'Address Change' link

					Help	Contact Us Lo
V NA	DLAND TIONAL® DBB Financial Company					
Home About	Js Certificate Information	Client Services	Tax Information	Company Financials		
Available Serv • Address Change • Phone Number Change						
Direct Deposit Change						
Beneficiary Change						
<u>Name Change</u>						
• Withholding Change						
<u>Taxpayer Identification</u>	Number Change					
<u>Certificate Request</u>						
Other Change						
Do You Have	Additional Cert	ificates W	/ith Us?			

2. Refer to the Address Change instructions above for further instructions

Phone Number Change:

1. Click on the 'Phone Number Change' link



2. Refer to the <u>Phone Number Change</u> instructions above for further instructions

Direct Deposit Change:

1. Click on the 'Direct Deposit Change' link

Home About Us	Certificate Information	Client Services	Tax Information	Company Financials		
vailable Servi	ces:					
Address Change						
Phone Number Change						
Direct Deposit Change						
Beneficiary Change	1					
Name Change						
Withholding Change						
Taxpayer Identification Nu	imber Change					
Certificate Request						

2. Refer to the Bank Information (Direct Deposit) Change instructions above for further instructions

Beneficiary Change:

1. Click on the 'Beneficiary Change' link

A Sammons	AND ONAL® Financial Company				
Home About Us	Certificate Information	Client Services	Tax Information	Company Financials	
Available Servic	es:				
Address Change					
Phone Number Change					
Direct Deposit Change					
Beneficiary Change					
<u>Name Change</u>					
Withholding Change					
<u>Taxpayer Identification Nu</u>	mber Change				
<u>Certificate Request</u>					
Other Change					
Do You Have Ad	ditional Cert	ificates V	Vith Us?		
View Additional Certificates					

2. Refer to the <u>Beneficiary Change</u> instructions above for further instructions

Name Change:

1. Click on the 'Name Change' link

Home About Us Certificate Information Client Services Tax Information Company Financials Address Change -<	
 Address Change Phone Number Change Direct Deposit Change Beneficiary Change Name Change Withholding Change 	
Phone Number Change Direct Deposit Change Beneficiary Change Name Change Withholding Change	
Direct Deposit Change Beneficiary Change Name Change Withholding Change	
Beneficiary Change Name Change Withholding Change	
<u>Name Change</u> Withholding Change	
Withholding Change	
Taxpayer Identification Number Change	
<u>Certificate Request</u>	
<u>Other Change</u>	
Do You Have Additional Certificates With Us? View Additional Certificates 	

2. The following screen appears

Change Name						
Provide your updated name information within the fields below and click on the 'Change Name' button below to submit your changes The following fields are required to be completed prior to submitting your changes: Last Name Reason Click on the 'Reast' button to clear out your changes Click on the 'Cancel' button to cancel the change and be returned to the Home page						
Certificate Number						
111111						
Current First Name	Middle Initial	Last Name				
HERMAN		MUNSTER				
New First Name	Middle Initial	Last Name				
HERMAN		MUNSTER				
Reason For Change						
CA Residents: Any person who knowingly presents false or fraudulent information to ob	tain or amend insurance coverage 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.				
Change Name Reset Cancel						

Type in the appropriate changes in the appropriate fields.

The following fields are required:

- Last Name
- Reason For Change
- 3. Once you are finished updating your name change information, click on the 'Change Name' button

4. The following screen will be displayed

						Help Contact Us Logout
	MIDL	AND				
	NATI	AND ONAL				
		Financial Company				
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
Service I	Request	Submitted				
	•					
Your service	request for 'na	ime change' has been succe	ssfully submitted.	Please allow two full	business days for processing.	
Click here t	return to the	Midland National Pension H	lome Page.			

- 5. Click on the word 'here' to return to the Home page
- 6. If you wish to clear out the information you updated prior to submitting the changes, click on the 'Reset' button

Change Name Provide your updated name information within the fields below and click on the 'Change Name' button below to submit your changes The following fields are required to be completed prior to submitting your changes: Last Name Reason Click on the 'Reset' button to clear out your changes Click on the 'Cancel' button to cancel the change and be returned to the Home page						
Certificate Number						
111111						
Current First Name	Middle Initial	Last Name				
HERMAN		MUNSTER				
New First Name	Middle Initial	Last Name				
HERMAN		MUNSTER				
Reason For Change						
CA Residents: Any person who knowingly presents false or fraudulent information to obt	tain or amend insurance coverage 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.				
Change Name Reset Cancel						

7. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

Change Name Provide your updated name information within the fields below and click on the 'Change Name' button below to submit your changes The following fields are required to be completed prior to submitting your changes: Last Name Reason Click on the 'Reaset' button to clear out your changes Click on the 'Cancel' button to cancel the change and be returned to the Home page					
Certificate Number					
111111					
Current First Name	Middle Initial	Last Name			
HERMAN		MUNSTER			
New First Name	Middle Initial	Last Name			
HERMAN		MUNSTER			
Reason For Change					
CA Residents: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage 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.					

Withholding Change:

1. Click on the 'Withholding Change' link

Home About Us	Certificate Information	Client Services	Tax Information	Company Financials		
ailable Servio	:es:					
Address Change						
Phone Number Change						
Direct Deposit Change						
Beneficiary Change						
Name Change						
Withholding Change						
Taxpayer Identification Nu	mber Change					
Certificate Request						
Other Change						

2. The following screen appears

Change Withholding • Provide your updated withholding information within the fields below and click on the 'Change Withholding' button below to submit your changes • Either Federal or State Withholding will be required when submitting changes • You can specify either a dollar amount or a percentage for withholding (but not both) • For State Withholding, the withholding state is required (NOTE: Not applicable in FL, HI, SD, and TX) • If you wish to remove your withholding, please input a 'O' (zero) in the appropriate field • Click on the 'Reset' button to clear out your changes • Click on the 'Cancel' button to cancel the change and be returned to the Home page • If you'd like to complete and submit a W4-P, you can find a copy online at <u>https://www.irs.gov/pub/irs-pdf/fw4p.pdf</u>						
Certificate Number	Participant Name		Current SSN			
111111	HERMAN MUNSTER		XXX-XX-1111			
Federal Withholding (select one): By Amount	By Percentage					
State Withholding (select one):						
State	By Amount	By Percentage				
WASHINGTON ~	50.00					
CA Residents: Any person who knowingly presents false or fraudul Change Withholding Reset Cancel	ent information to obtain or amend insurance coverage or to make	a claim for the payment of a loss is guilty of a crime and may be subj	ect to fines and confinement in state prison.			

Type in the appropriate changes in the appropriate fields. Either a withholding amount or percentage must be entered but not both. The 'State' field is a dropdown list containing an available list of states that can be selected by scrolling through the list and clicking on the appropriate state.

The following fields are required:

- Either Federal Withholding or State Withholding
- Either Withholding Amount or Percentage (but not both)
- If State Withholding is entered, the State Field is required
- 3. Once you are finished updating your withholding change information, click on the 'Change Withholding' button
- 4. The following screen will be displayed

		AND ONAL ® Financial Company				Help Contact Us Logout
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
Service	Request	Submitted				
_		thholding change' has beer Midland National Pension H		itted. Please allow t	wo full business days for processing.	

- 5. Click on the word 'here' to return to the Home page
- 6. If you wish to clear out the information you updated prior to submitting the changes, click on the 'Reset' button

 Change Withholding Provide your updated withholding information within the fields below and click on the 'Change Withholding' button below to submit your changes Either Federal or State Withholding will be required when submitting changes You can specify either a dollar amount or a percentage for withholding (but not both) For State Withholding, the withholding state is required (NOTE: Not applicable in FL, HL, SD, and TX) If you wish to remove your withholding, please input a 'O' (zero) in the appropriate field Click on the 'Reset' button to clear out your changes Click on the 'Cancel' button to cancel the change and be returned to the Home page If you'd like to complete and submit a W4-P, you can find a copy online at <u>https://www.irs.gov/pub/irs.pdf/fw4p.pdf</u> 								
Certificate Number	Participant Name		Current SSN					
111111	HERMAN MUNSTER		XXX-XX-1111					
Federal Withholding (select one):								
By Amount	By Percentage							
State Withholding (select one):								
State	By Amount	By Percentage						
WASHINGTON ~	50.00							
WASHINGTON S0.00 CA Residents: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage 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. Change Withholding Beset Change Withholding Cancel								

7. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

 Change Withholding Provide your updated withholding information within the fields below and click on the 'Change Withholding' button below to submit your changes Either Federal or State Withholding will be required when submitting changes You can specify either a dollar amount or a percentage for withholding (but not both) For State Withholding, the withholding state is required (NOTE: Not applicable in FL HI, SD, and TX) If you wish to remove your withholding, please input a '0' (zero) in the appropriate field Click on the 'Chane' button to clear out your changes Click on the 'Chane' button to cancel the change and be returned to the Home page If you'd like to complete and submit a W4-P, you can find a copy online at <u>https://www.irs.gov/pub/irs-pdf/fw4p.pdf</u> 						
Certificate Number	Participant Name		Current SSN			
111111	HERMAN MUNSTER		XXX-XX-1111			
Federal Withholding (select one):						
By Amount	By Percentage					
State Withholding (select one):						
State	By Amount	By Percentage				
WASHINGTON ~	50.00					
WASHINGTON S0.00 CA Residents: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage 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. Change Withholding Reset Clange Cancel						

Taxpayer Identification Number Change:

1. Click on the 'Taxpayer Identification Number Change' link

				Help Contact Us Lo
	AND			
NAT	ONAL .			
A Sammons	Financial Company			
Home About Us	Certificate Informatio	n Client Services	Tax Information	Company Financials
Available Servi				
Available Servio	les.			
<u>Address Change</u>				
Phone Number Change				
Direct Deposit Change				
Beneficiary Change				
<u>Name Change</u>				
<u>Withholding Change</u>				
<u>Taxpayer Identification Nu</u>	<u>ımber Change</u>			
<u>Certificate Request</u>				
Other Change				

Download our <u>Client Services</u> 🍒 form.

2. The following screen appears

Social Security Number must be Must be 9 digits in length Must be in XXX-XX-XXXX fo Must include the dashes wit Click on the 'Reset' button to cle	urity number information within the field below and click on the 'C in the following format: ırmat thin the format stated above	Change TIN' button below to submit your ch	nanges
Certificate Number	Participant Name		Current SSN
111111	Herman Munster		XXX-XX-1111
 I am not subject to backup with withholding as a result of failure I am a U.S. citizen or other U.S. p 	hat: is my correct taxpayer identification number (or I am waiting for holding because (a) I am exempt from backup withholding, or (b) I to report all interest or dividends, or (c) the IRS has notified me th berson as defined by the IRS for federal tax purposes; unt Tax Complaince Act (FACTA) reporting.	I have not been notified by the Internal Rev	
CA Residents: Any person who knowingly pre- prison. Change TIN Reset Cance	ssents false or fraudulent information to obtain or amend insurance coverage or to) make a claim for the payment of a loss is guilty of a c	rime and may be subject to fines and confinement in state

Type in the new social security number including the dashes.

- 3. Once you are finished updating your social security number information, click on the 'Change TIN' button
- 4. The following screen will be displayed

						Help Contact Us Logout
	NIATI	AND ONAL				
		Financial Company				
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
omico I	Doguost	Cubraittad				
ervice	request	Submitted				
Your service	request for 'TIN	V change' has been success	fully submitted. Ple	ease allow two full b	usiness days for processing.	
Click here to	return to the I	Midland National Pension H	lome Page.			
			-			

5. Click on the word 'here' to return to the Home page

6. If you wish to clear out the information you updated prior to submitting the changes, click on the 'Reset' button

Social Security Number must be in Must be 9 digits in length Must be in XXX-XX-XXXX for Must include the dashes with Click on the 'Reset' button to clea	ity number information within the field below and click on the 'Cl n the following format: mat in the format stated above	"hange TIN' button below to submit your ch	langes
Certificate Number	Participant Name		Current SSN
111111	Herman Munster		XXX-XX-1111
 I am not subject to backup withho withholding as a result of failure t I am a U.S. citizen or other U.S. pe 	It: s my correct taxpayer identification number (or I am waiting for a olding because (a) I am exempt from backup withholding, or (b) I o report all interest or dividends, or (c) the IRS has notified me th rson as defined by the IRS for federal tax purposes; It Tax Complaince Act (FACTA) reporting.	I have not been notified by the Internal Reve	
CA Residents: Any person who knowingly press prison. Change TIN Reset Cancel	ents false or fraudulent information to obtain or amend insurance coverage or to	make a claim for the payment of a loss is guilty of a cr	rime and may be subject to fines and confinement in state

7. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

 Social Security Number must be in the Must be 9 digits in length Must be in XXX-XXX format Must include the dashes within the Click on the 'Reset' button to clear out 	Imber information within the field below and click on the 'Change TIN' b following format:	outton below to submit your ch	anges
Certificate Number	Participant Name		Current SSN
111111	Herman Munster		XXX-XX-1111
 I am not subject to backup withholding withholding as a result of failure to repr 	correct taxpayer identification number (or I am waiting for a number to b because (a) I am exempt from backup withholding, or (b) I have not bee or all interest or dividends, or (c) the IRS has notified me that I am no lo as defined by the IRS for federal tax purposes; Complaince Act (FACTA) reporting.	en notified by the Internal Reve	2 A A A A A A A A A A A A A A A A A A A
CA Residents: Any person who knowingly presents fail prison. Change TIN Reset Cancel	se or fraudulent information to obtain or amend insurance coverage or to make a claim for	r the payment of a loss is guilty of a cri	me and may be subject to fines and confinement in state

Certificate Request:

1. Click on the 'Certificate Request' link

Home About Us Certificate Information Client Services Tax Information Company Financials Available Services:	
Available Services:	
Address Change	
Phone Number Change	
Direct Deposit Change	
Beneficiary Change	
<u>Name Change</u>	
Withholding Change	
<u>Taxpayer Identification Number Change</u>	
<u>Certificate Request</u>	
<u>Other Change</u>	
Do You Have Additional Certificates With Us? • View Additional Certificates	

2. The following screen appears

Request New Certificate Click on the appropriate radio button below (e.g. Email or Click on the 'Request Certificate' button below to request a Click on the 'Cancel' button to cancel the change and be re	a copy of your certificate
Certificate Number	Participant Name
111111	Herman Munster
Delivery Method (choose one): O Email hmunster@gmail.com	
O Mail 1313 Mockingbird Lane Mockingbird Heights, WA 111111	
CA Residents: Any person who knowingly presents false or fraudulent informa prison.	tion to obtain or amend insurance coverage 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
Request Certificate	

- 3. Click on the appropriate radio button to select the delivery method for your certificate (either Email or Mail)
- 4. Click on the 'Request Certificate' button

5. The following screen will be displayed

							Help	Contact Us	Logout
	MIDL	AND							
	NATI	AND ONAL。							
	A Sammons	Financial Company							
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials				
Service F	Request	Submitted							
Your service r	request for 'ce	rtificate request' has been s	uccessfully submitt	ed. Please allow two	o full business days for proce	essing.			
Clic c here to	return to the I	Midland National Pension H	ome Page.						

- 6. Click on the word 'here' to return to the Home page
- 7. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

Request New Certificate Click on the appropriate radio button below (e.g. Email or Mail Click on the 'Request Certificate' button below to request a c Click on the 'Cancel' button to cancel the change and be returned	opy of your certificate
Certificate Number	Participant Name
111111	Herman Munster
Delivery Method (choose one): O Email hmunster@gmail.com	
О маіl 1313 Mockingbird Lane Mockingbird Heights, WA 111111	
CA Residents: Any person who knowingly presents false or fraudulent informatio prison.	n to obtain or amend insurance coverage 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
Request Certificate	

Other Request:

1. Click on the 'Other Change' link

Home About Us	Financial Company Certificate Information	Client Services	Tax Information	Company Financials		
vailable Servio	es:					
Address Change						
Phone Number Change						
Direct Deposit Change						
Beneficiary Change						
<u>Name Change</u>						
<u>Withholding Change</u>						
<u>Taxpayer Identification Nu</u>	mber Change					
<u>Certificate Request</u>						
<u>Other Change</u>						
Do You Have A		ificates W	/ith Us?			

2. The following screen appears

Other Change Request Provide a description of your request along with a telephone Click on the 'Reset' button to clear out your information Click on the 'Cancel' button to cancel the request and be reference.	e number (in case of questions) in the fields below and click on the 'Submit Request' button below to submit your request turned to the Home page
Certificate Number	Participant Name
111111	Herman Munster
Phone Number	
CA Residents: Any person who knowingly presents false or fraudulent informatic prison. Submit Request Cancel	ion to obtain or amend insurance coverage 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

Type in the appropriate changes in the appropriate fields.

The following fields are required:

- Description of Request
- 3. Once you are finished updating your request information, click on the 'Submit Request' button

4. The following screen will be displayed

						Help Contact Us Logout
	NIATI	AND ONAL。				
		Financial Company				
	A Sammons	-inancial Company				
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
Comilar		Culture internal				
Service I	Request	Submitted				
Your service	request for 'otl	ner change' has been succe	ssfully submitted. F	lease allow two full	business days for processing.	
Click here to	return to the I	Midland National Pension H	ome Page.			

- 5. Click on the word 'here' to return to the Home page
- 6. If you wish to clear out the information you updated prior to submitting the changes, click on the 'Reset' button

Other Change Request Provide a description of your request along with a telephor Click on the 'Reset' button to clear out your information Click on the 'Cancel' button to cancel the request and be re	ne number (in case of questions) in the fields below and click on the 'Submit Request' button below to submit your request eturned to the Home page	
Certificate Number	Participant Name	
111111	Herman Munster	
Phone Number		
Description of Request	·	
CA Residents: Any person who knowingly presents false or fraudulent informat prison.	tion to obtain or amend insurance coverage 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	
Submit Request Cancel		

8. If you wish to cancel the change and be returned to the Home page, click on the 'Cancel' button

Other Change Request Provide a description of your request along with a telephon Click on the 'Reset' button to clear out your information Click on the 'Cancel' button to cancel the request and be replaced as the telephone of telephone o	ne number (in case of questions) in the fields below and click on the 'Submit Request' button below to submit your request eturned to the Home page
Certificate Number	Participant Name
111111	Herman Munster
Phone Number	
Description of Request	
CA Residents: Any person who knowingly presents false or fraudulent informat prison.	dition to obtain or amend insurance coverage 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
Submit Request Reset Cancel	

Download our Form:

1. If you wish to submit your changes on paper and send to us via email, fax, or postal service, click on the 'Client Services link

			AND ONAL® Financial Company					Help Contact Us Logou
	Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials		
A	vailable	e Servio	ces:					
•	Address Cha	ange						
•	Phone Num	<u>ber Change</u>						
•	Direct Depo	<u>sit Change</u>						
•	Beneficiary (<u>Change</u>						
•	Name Chang	ge						
•	Withholding	<u>Change</u>						
•	Taxpayer Ide	entification Nu	imber Change					
•	<u>Certificate R</u>	<u>equest</u>						
•	Other Chang	<u>je</u>						

Do You Have Additional Certificates With Us?

<u>View Additional Certificates</u>

Download ou^r <u>Client Services</u> form.

MIDLAND NATIONA A Sammons Financial Comp	L.		Phone: (201, Fargo, ND 58104 RT@sfgmembers.com			
CLIENT SERVICES	REQUE	ST CHANGE	FORM				PLEASE PRINT			
Certificate Holder's Name	e:									
Certificate Number(s):		Phone Number:								
Current Address:										
Current City, Stat	te, Zip:									
New Address:										
New City, State,	Zip:									
	Bank Routing #:									
Beneficiary Name	Split	Relationship	DOB	SSN		Address				
Total	100%									
If more beneficiaries are needed		clude additional page	s.							
Name of annuitar	nt has cha	anged								

- 3. The form is fillable so you can enter your information within this window
- 4. When you have completed your updates within the PDF document, you can 'print' this document following the print instructions available on your computer or 'save' this document following the save instructions on your computer.

Tax Information (login required):

1. Click on the 'Tax Information' link on the top navigation bar



- 2. There are two possible viewing scenarios:
 - d. No 1099 Available
 - e. 1099 Is Available

NOTE: 1099's will only be available for years that Midland National has been administering your pension. You will need to contact your previous pension administrator for 1099's outside of those years. Also, if your policy has been inactive with us for more than 13 months, it will not be available on the website for viewing. You will need to contact us regarding information on your inactive policy.

<u>No 1099 Available</u>

1. If no 1099 for any year is available for your policy, the following screen will be displayed

Tax Information

Attention: Disbursement for this certificate has not started and no 1099 information is available.

2. If your policy is no longer active, the following screen will be displayed



1099 Is Available

1. If a 1099 is available for your policy, the following screen will be displayed

Tax Information

```
1099-R forms are available for the following years:
```

- <u>2021</u>
- 2. Click on the appropriate year to view your 1099 document

Tax Information

1099-R forms are available for the following years:



The number of years displayed on the screen will be dependent on the number of years that pension disbursements have been made and the years that Midland National has been administering your pension.

NOTE: 1099's will only be available for years that Midland National has been administering your pension. You will need to contact your previous pension administrator for 1099's outside of those years.

3. The 1099 PDF document for that year will be displayed

				CORRECTED (if	checked)				
PAYER'S name, street address, city province, country, ZIP or foreign post MIDLAND NATIONAL LIFE	al code, and	telephone no.	ANY	1 Gross distribution	\$1,000	OMB No. 1545-0119	Ann	uities,	ons From Pensions , Retirement or
ONE SAMMONS PLAZA SIOUX FALLS, SD 57193				2a Taxable amount	\$1,000	Form 1099-R	Prof	fit-Sha	ring Plans, IRAs, Contracts, etc.
6053732300				2b Taxable amount not determined		Total distribution	ן ו		Copy B Report this income
				3 Capital gain (included	in box 2a)	4 Federal income tax withheld			on your federal tax return. If this form
PAYER'S TIN 11-1111111		RECIPIENT'S		5 Employee contribution Roth contributions or i		6 Net unrealized appreciation in employer's			shows federal income tax withheld in
RECIPIENT'S name, street address (country, and ZIP or foreign postal co	(including ap de	t. no.), city or to	wn, state or province,	7 Distribution code(s)	Insurance	securities			box 4, attach this –copy to your return.
Herman Munster	Herman Munster 1313 Mockingbird Lane					8 Other		%	This information
Mockingbrid Heigh	11111		9a Your percentage of t	otal distribution %	9b Total employee contributions			is being furnished to the IRS.	
			14 State tax withheld	,,,	15 State/Payer's state no.			16 State distribution	
					\$20.00	WA/1111111111			\$1,000
10 Amount allocable to IRR within 5 years	11 1st year Roth contri		12 FATCA filing requirement	17 Local tax withheld		18 Name of locality			19 Local distribution
Account number (see instructions) 2300351111			13 Date of payment						
Form 1099-R			w	ww.irs.gov/Form10	99R	Department of the Treas	ury-Int	ternal	Revenue Service
				CORRECTED (if	checked)		_		
PAYER'S name, street address, city province, country, ZIP or foreign post	al code, and	telephone no.		1 Gross distribution	\$1,000	OMB No. 1545-0119	Dist	ributio	ons From Pensions
MIDLAND NATIONAL LIFE ONE SAMMONS PLAZA	INSURA	NCE COMP	ANY	2a Taxable amount		2022	Ann	, Retirement or ring Plans, IRAs,	
SIOUX FALLS, SD 57193 6053732300					\$1,000	Form 1099-R	Insu	Irance	Contracts, etc.
				2b Taxable amount not determined		Total distribution	ı		Copy C For Recipient's
PAYER'S TIN		RECIPIENT'S	TIN	3 Capital gain (included	in box 2a)	4 Federal income tax withheld			Records
11-111111		XX-XX-		5 Employee contribution Roth contributions or		6 Net unrealized appreciation in employer's securities			
RECIPIENT'S name, street address (country, and ZIP or foreign postal coo		t. no.), city or to	wn, state or province,	premiums					1
Herman Munster				7 Distribution code(s) 7	IRA / SEP / SIMPLE	8 Other		%	This information is being furnished to
1313 Mockingbird				9a Your percentage of t		9b Total employee contributions			the IRS.
Mockingbrid Heigh	ts, WZ	11111		14 State tax withheld	%	15 State/Payer's state no.			16 State distribution
					\$20.00	WA/1111111111			\$1,000
				17. Long Lang with head		10 Name of Incelity			10 Local distribution

4. If a 1099 is not yet available for a previous tax year (e.g. 2023 1099's and current year is 2024), the following will be displayed on the screen

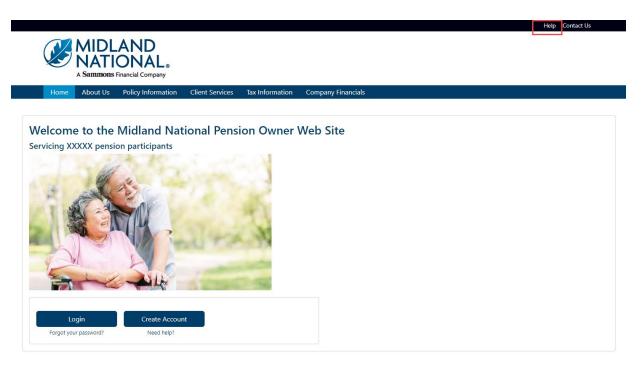
Tax Information



NOTE: The specific date of availability may vary from year to year.

Need Help?

Click on the 'Help' link located in the upper right corner of the Home page to get specific instruction on how to make changes or navigate the website.

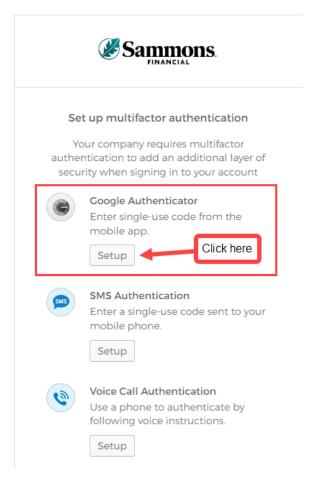


If you have questions, you can contact us via phone/fax/email. Our contact information is listed below:

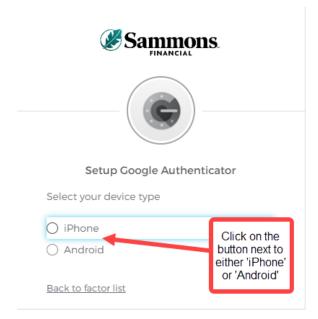
Midland National Pension 4225 38th Street South, Suite 201 Fargo, ND 58104 Toll-Free Phone: 1-833-496-0546 Fax: 1-701-433-6625 Email: <u>CM-PRT@sfgmembers.com</u> Web Support: CM-PRTWebSupport@sfgmembers.com

Google Authenticator:

1. From the authentication screen, click on the 'Setup' button underneath the Google Authenticator method



2. The following screen appears. Click on the appropriate type of mobile device that you own

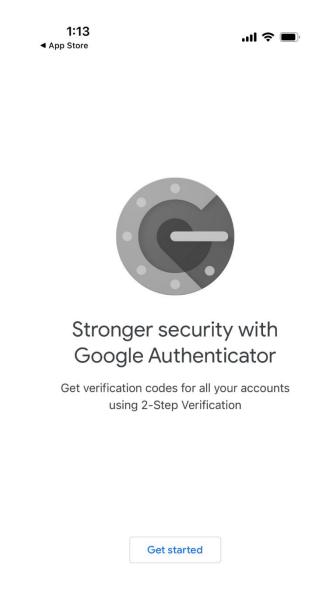


3. Please note that you will need to download the Google Authenticator app to your mobile device. Once you have completed that step, click on the 'Next' button

	Setup Google Authenticator
Select	your device type
💿 iPh	one
🔿 An	droid
Ce device.	Download <u>Google Authenticator from</u> the App Store onto your mobile
	Next

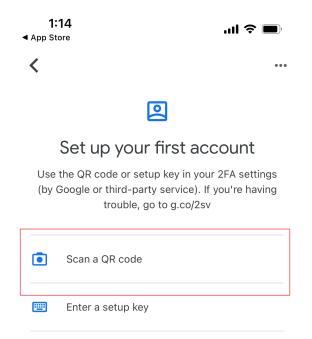
Back to factor list

a. Within the Google Authenticator app, the following screen will be displayed



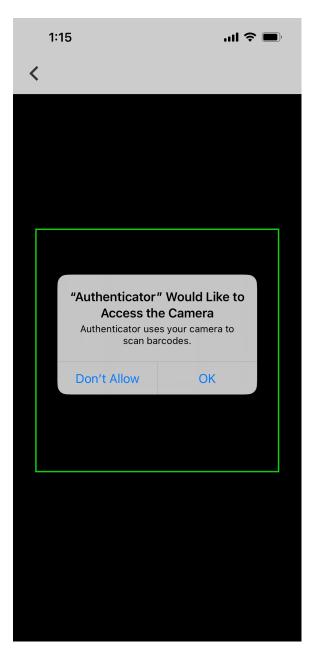
. . .

b. Select 'Get Started'. The following screen displays



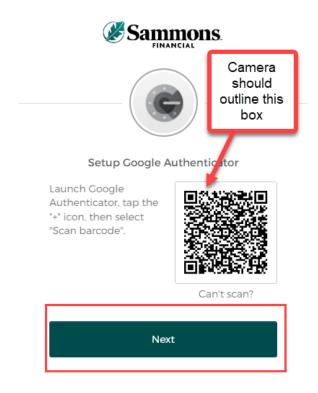
Import existing accounts?

c. Select 'Scan a QR code'. This will open up your camera on your phone



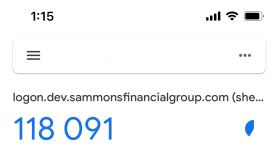
- d. Select 'OK'.
- e. The camera will have a green box on it.

4. Return to your browser screen which should be displaying the following screen



- 5. Move your camera so that the green box is outlined around the code shown above.
- 6. Click on the 'Next' button
 - a. Return to Google Authenticator on your mobile device

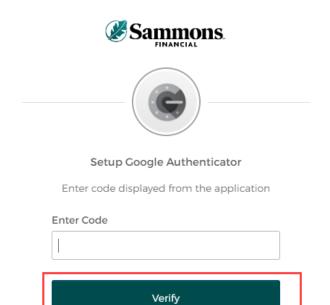
b. A code should appear on the application





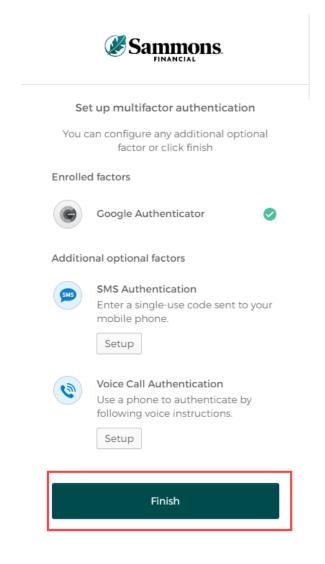
7. Return to your browser

8. Type in the code that is displayed in Google Authenticator into the box shown on the following screen



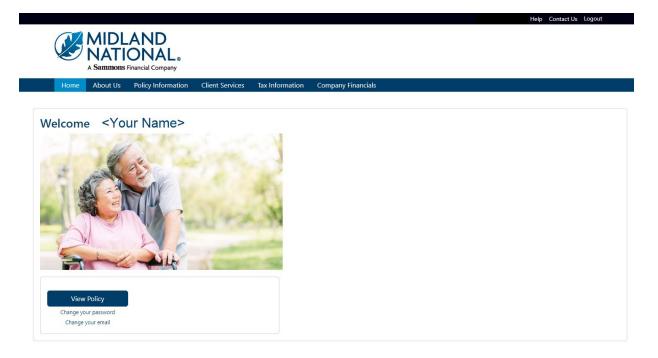
9. Click on the 'Verify' button

10. The following screen will be displayed



11. Click on the 'Finish' button

12. Once you have completed the multifactor authentication, the following screen will be displayed:



SMS Authentication:

1. From the authentication screen, click on the 'Setup' button underneath the SMS Authentication method

	Sammons.
Se	t up multifactor authentication
auther	our company requires multifactor ntication to add an additional layer of rity when signing in to your account
•	Google Authenticator Enter single-use code from the mobile app. Setup
SMS	SMS Authentication Enter a single-use code sent to your mobile phone. Setup
٩	Voice Call Authentication Use a phone to authenticate by following voice instructions.

2. The following screen displays. Type in the phone number of your mobile device and click on the 'Send code' button

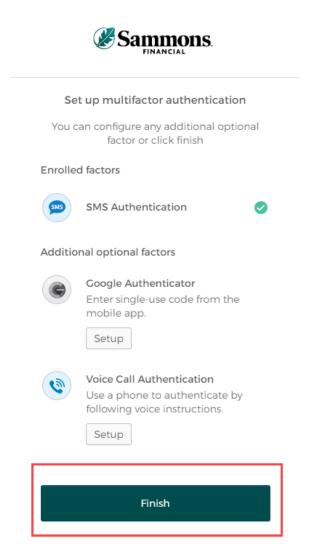
Sammons.								
SMS								
Receive a code via SMS to authe	enticate							
United States	*							
Phone number								
Priorie number								
+] Send	code							

- 3. A text message will be sent to your mobile device containing a code.
- 4. After clicking on the 'Send code' button above, the following screen will be displayed

Sammons.	
Receive a code via SMS to authenticate United States	
Phone number +1 7012383738 Sent	
Enter Code	

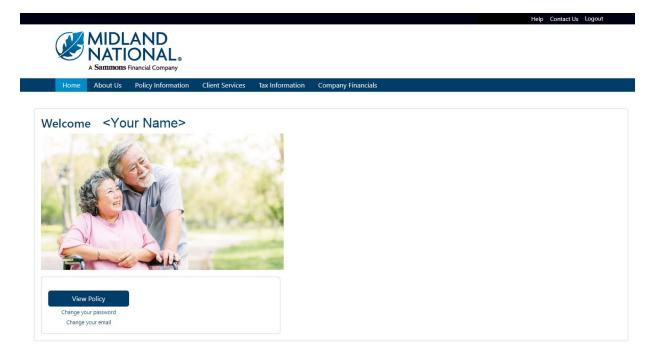
5. Type in the code that was sent to your mobile device in the 'Enter Code' field

- 6. Click on the 'Verify' button
- 7. The following screen will be displayed



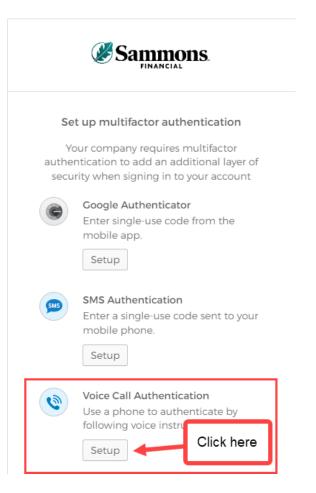
8. Click on the 'Finish' button

9. Once you have completed the multifactor authentication, the following screen will be displayed:



Voice Call:

1. From the authentication screen, click on the 'Setup' button underneath the Voice Call Authentication method



2. The following screen will be displayed

Sa 🏈	FINANCIAL	
	call instructions to nenticate	
United States	•	
Phone number	Extension	
	Call	

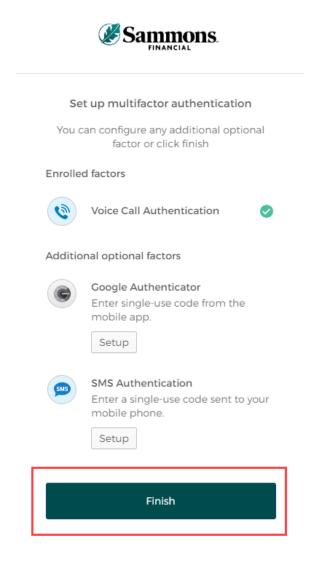
- 3. Type in the phone number in the 'Phone Number' field and click on the 'Call' button
- 4. You will receive a call on your phone that will provide a code via an automated voice

5. After you click on the 'Call' button above, the following screen will be displayed

		Samme FINANCIA	pns .
		one call inst authenticat	tructions to te
Uni	ted States		v
Phor	ne number		Extension
+]	7012383738	8	
		Calling	
Ente	r Code		
		Verify	

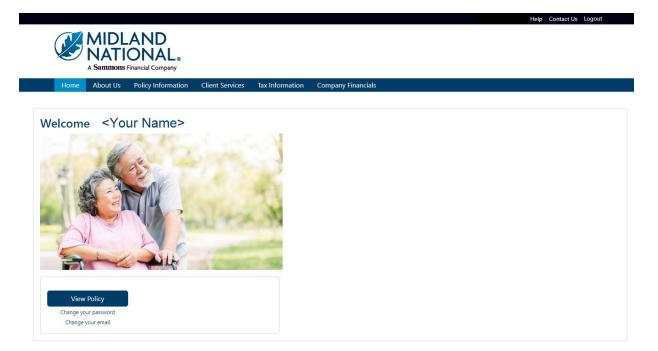
- 6. Type in the code provided by the automated voice on your phone call in the 'Enter Code' field.
- 7. Click on the 'Verify' button

8. The following screen will be displayed



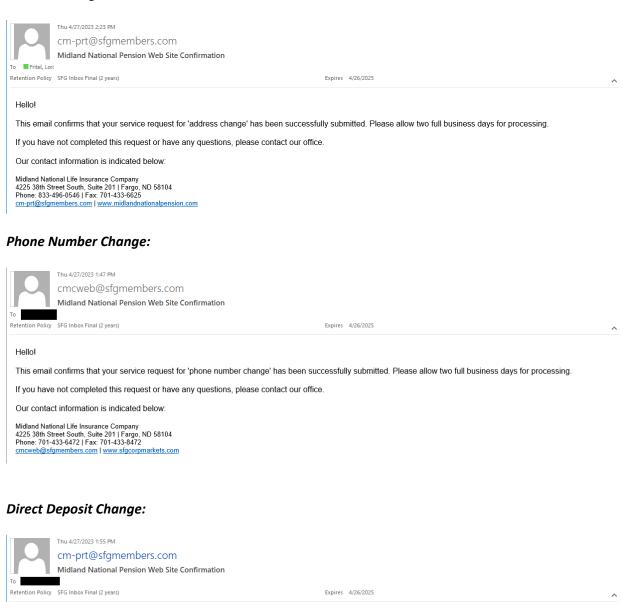
9. Click on the 'Finish' button

10. Once you have completed the multifactor authentication, the following screen will be displayed:



Appendix B—Email Confirmation Examples

Address Change:



Hello!

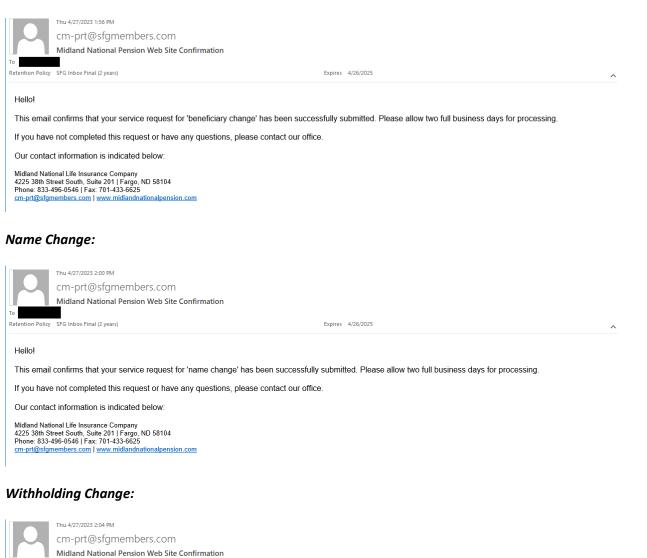
This email confirms that your service request for 'direct deposit change' has been successfully submitted. Please allow two full business days for processing.

If you have not completed this request or have any questions, please contact our office.

Our contact information is indicated below:

Midland National Life Insurance Company 4225 38th Street South, Suite 201 | Fargo, ND 58104 Phone: 833-496-0546 | Fax: 701-433-6625 cm-prt@stgmembers.com | www.midlandnationalpension.com

Beneficiary Change:



Retention Policy

Expires 4/26/2025

^

Hello!

То

This email confirms that your service request for 'withholding change' has been successfully submitted. Please allow two full business days for processing.

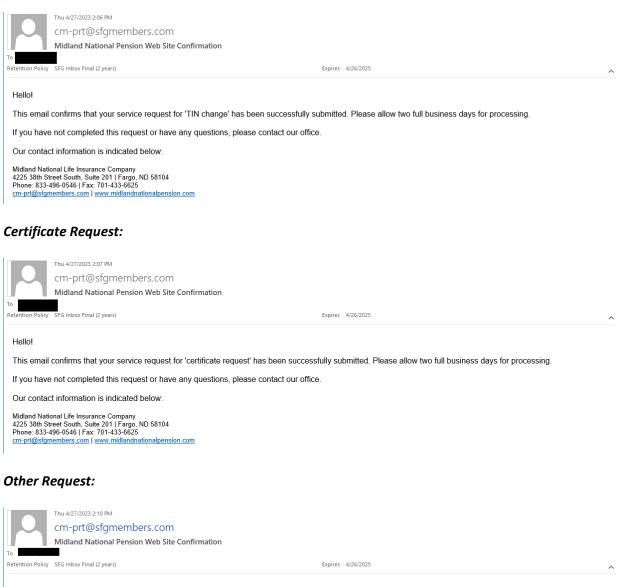
If you have not completed this request or have any questions, please contact our office.

Our contact information is indicated below:

SFG Inbox Final (2 years)

Midland National Life Insurance Company 4225 38th Street South, Suite 2011 | Fargo, ND 58104 Phone: 833-496-0546 | Fax: 701-433-6625 cm-prt@stgmembers.com | www.midlandnationalpension.com

Taxpayer Identification Number Change:



Hello!

This email confirms that your service request for 'other change' has been successfully submitted. Please allow two full business days for processing.

If you have not completed this request or have any questions, please contact our office.

Our contact information is indicated below:

Midland National Life Insurance Company 4225 38th Street South, Suite 2011 | Fargo, ND 58104 Phone: 833-496-0546 | Fax: 701-433-6625 cm-pr@gstgmembers.com | www.midlandnationalpension.com

Appendix C—Pending Request Examples

Address Change:

		AND ONAL®						He	lp Contact L	Js Logout
Home	About Us	Certificate Information	Client Services	Tax Information	Company Finan	cials				
Pending R	Request	: Exists								
There is a pend	ding 'address	change' request on this p	olicy dated 04/27/2	023 01:34 PM that is	s still outstanding.	No further requests v	vill be allowed unt	il this has been	processed.	
If you need furt	ther assistan	ce, please email Midland I	National Pension v	veb support.						
Click here to re	eturn to the I	Vidland National Pension I	lome Page.							

Phone Number Change:

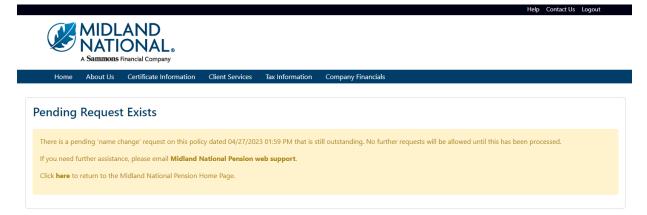
					Help Contact Us Logout
	MIDL	.AND			
	NIATI	.AND ONAL。			
	ITARI				
	A Sammons	Financial Company			
11	Ab	Contificate to formation		Toutoformation	Company Constitution
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials
nding	Request	t Exists			
maning	Reques	C EXISTS			
here is a pe	ndina 'phone	number change' request o	this policy dated	04/27/2023 01:46 PN	/ that is still outstanding. No further requests will be allowed until this has been processed.
	5 1		,,		······································
you need f	urther assistan	ice, please email Midland l	National Pension	veb support.	
lick here to	return to the	Midland National Pension	Home Page.		

Direct Deposit Change:

V.	NATI	.AND ONAL。			
Home		Financial Company Certificate Information	Client Services	Tax Information	Company Financials
nding	Reques	t Exists			
			this policy dated 04	/27/2023 01:54 PM	that is still outstanding. No further requests will be allowed until this has been processed.
	further assistan	ice, please email Midland I	autonal i cholon a		

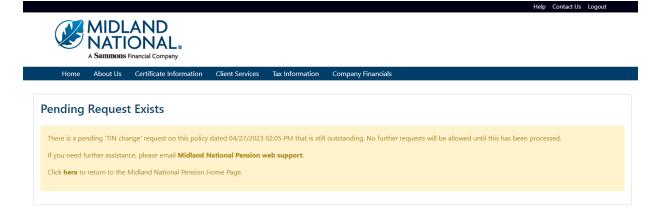
		AND ONAL® Financial Company			Help Contact Us Logout
Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials
Pending	Reques	t Exists			
If you need f	urther assistan	ice, please email Midland N	lational Pension w		at is still outstanding. No further requests will be allowed until this has been processed.
Click here to	return to the	Midland National Pension H	iome Page.		

Name Change:



Withholding Change:

	Help Contact Us	Logout			
MIDLAND NATIONAL.					
A Sammons Financial Company					
Home About Us Certificate Information Client Services Tax Information Company Financials					
Pending Request Exists					
There is a pending 'withholding change' request on this policy dated 04/27/2023 02:04 PM that is still outstanding. No further requests will be allowed until this has been processed.					
If you need further assistance, please email Midland National Pension web support.					
Click here to return to the Midland National Pension Home Page.					



Certificate Request:

			AND ONAL® Financial Company				
	Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
Pending Request Exists							
There is a pending 'certificate request' request on this policy dated 04/27/2023 02:07 PM that is still outstanding. No further requests will be allowed until this has been processed. If you need further assistance, please email Midland National Pension web support . Click here to return to the Midland National Pension Home Page.							

Other Change:

						Help Contact Us Logout	
			AND ONAL® Financial Company				
	Home	About Us	Certificate Information	Client Services	Tax Information	Company Financials	
I	Pending Request Exists						
	There is a pending 'other change' request on this policy dated 04/27/2023 02:09 PM that is still outstanding. No further requests will be allowed until this has been processed. If you need further assistance, please email Midland National Pension web support . Click here to return to the Midland National Pension Home Page.						