

Legacy Key

A guide for your inheritance

Products issued by Midland National® Life Insurance Company.

From your life insurance policy to the pass code on your garage, there are many pieces of your personal information that should be shared with your beneficiaries before you pass away.

This Legacy Key is designed to capture that information to make it an easier transition for your loved ones and to help ensure the personal information known only by you is not lost forever.

You may want to set aside some time to go through this worksheet. Writing down your personal information will help create an open discussion with your loved ones so you all can be better prepared. You may also want to use this Legacy Key to identify and close any gaps of information in your planning. If you have any concerns, it may be helpful to involve your financial planner to ensure your plan is complete.

Name _____

MIDLAND NATIONAL

Midland National Life Insurance Company has protected families and preserved legacies since 1906. Our future successes are a reflection of what we do today. We make decisions for the long term.

Strength & Stability

As part of a privately held company, we are not subject to the short-term earnings pressures that publicly held companies often face. Because of our long history of success and responsible investment strategy, we have consistently received high ratings from third-party independent reporting and rating companies.¹

- “A+” (Superior) A.M. Best
- “A+” (Strong) S&P Global Ratings
- “A+” (Stable) Fitch Ratings

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1. A.M. Best is a large third-party independent reporting and rating company that rates an insurance company on the basis of the company's financial strength, operating performance, and ability to meet its obligations to contract holders. A+ (Superior) is the second highest rating out of 15 categories, and was affirmed for Midland National Life Insurance Company as part of Sammons Financial Group on August 19, 2020. S&P Global Ratings awarded its “A+” (Strong) rating for insurer financial strength on February 26, 2009 and affirmed on June 2, 2021 to Midland National Life Insurance Company as part of Sammons Financial Group. The A+ (Strong) rating is the fifth highest out of 22 available ratings for Midland National Life Insurance Company, member of Sammons Financial Group. A+ Stable Rated by Fitch Ratings. Fitch Ratings, a global leader in financial information services and credit ratings, on May 1, 2020, assigned an Insurer Financial Strength rating of A+ Stable for Midland National. This rating is the fifth highest of 19 possible rating categories. The rating reflects the organization's strong business profile, low financial leverage, very strong statutory capitalization and strong operating profitability supported by strong investment performance. For more information, read the Fitch Ratings report at <https://www.fitchratings.com/site/pr/10120814>.

Neither Midland National Life Insurance Company nor its agents give legal or tax advice. Please consult with and rely on a qualified legal or tax advisor before entering into or paying additional premiums with respect to such arrangements.

Trusts should be drafted only by an attorney familiar with such matters. Neither Midland National Life Insurance Company nor its agents give tax advice.

Sammons Financial® is the marketing name for Sammons® Financial Group, Inc.'s member companies, including Midland National® Life Insurance Company. Annuities and life insurance are issued by, and product guarantees are solely the responsibility of, Midland National Life Insurance Company.

Section 1 – Recommendations

We recommend that your Legacy Key contains the following:

1. ☐ **Funeral Arrangements** – Specific details for funeral arrangements should be specified so your family can fulfill your wishes.
2. ☐ **Estate Plan and Will** – Information about your estate and will, including names of the Power of Attorney and executor.
3. ☐ **Financial Accounts** – Accounts that have money in it and your name on it along with pertinent information such as account names, numbers and amounts.
4. ☐ **Insurance Policies** – Add all of your insurance policy information such as health, car, disability, life, etc., for easy referencing.
5. ☐ **Important Documents** – Important documents such as legal documents including deeds, birth certificates, Social Security cards and titles.
6. ☐ **Letter to Loved Ones** – The purpose of the Legacy Key is to pass on your legacy to others, perhaps include a letter to your loved ones.
7. ☐ **Income and Expenses** – Adding a list of your expenses and sources of income can help your family keep track of your finances and focus on more important things.
8. ☐ **Tax Documents** – Provide direction to where your tax documents can be located.
9. ☐ **Passwords** – Disclose all passwords, combinations, usernames and PINs so your loved ones will have access.
10. ☐ **Safe Deposit Box** – Keep copies of your Legacy Key in a safe deposit box.

The legacy remembered the most are the memories you made. The contents of this Legacy Key can help your loved ones carry out your final wishes.

Section 2 – Personal Information

| Me | | | |
|---|------------|-------------|----------------------------|
| Name: | FIRST | MIDDLE | LAST MAIDEN |
| Birthday: | MONTH | DAY | YEAR |
| Place of Birth: | CITY | STATE | COUNTRY |
| Present Address: | STREET | CITY | STATE |
| Driver's License #: | STATE | | |
| Social Security #: | | | |
| Spouse | | | |
| Name: | FIRST | MIDDLE | LAST MAIDEN |
| Birthday: | MONTH | DAY | YEAR |
| Place of Birth: | CITY | STATE | COUNTRY |
| Social Security #: | | | |
| List All Children: Check the box in front of each child with special needs. See page 8 to address further information. | | | |
| <input type="checkbox"/> NAME STREET | BIRTH DATE | CITY | SOCIAL SECURITY # STATE |
| <input type="checkbox"/> NAME STREET | BIRTH DATE | CITY | SOCIAL SECURITY # STATE |
| <input type="checkbox"/> NAME STREET | BIRTH DATE | CITY | SOCIAL SECURITY # STATE |
| <input type="checkbox"/> NAME STREET | BIRTH DATE | CITY | SOCIAL SECURITY # STATE |
| <input type="checkbox"/> NAME STREET | BIRTH DATE | CITY | SOCIAL SECURITY # STATE |
| <input type="checkbox"/> NAME STREET | BIRTH DATE | CITY | SOCIAL SECURITY # STATE |
| <input type="checkbox"/> NAME STREET | BIRTH DATE | CITY | SOCIAL SECURITY # STATE |
| <input type="checkbox"/> NAME STREET | BIRTH DATE | CITY | SOCIAL SECURITY # STATE |
| Notes: | | | |
| Other Personal Information | | | |
| Home Phone: | | Work Phone: | |
| Cell Phone: | | Email: | |

Section 3 – Family Information

| Father | | | | |
|----------------|-------|--------|-----------------|--------|
| Name: | FIRST | MIDDLE | LAST | |
| Birthday: | MONTH | DAY | YEAR | |
| Death: | DATE | CAUSE | PLACE OF BURIAL | |
| Notes: | | | | |
| Mother | | | | |
| Name: | FIRST | MIDDLE | LAST | MAIDEN |
| Birthday: | MONTH | DAY | YEAR | |
| Death: | DATE | CAUSE | PLACE OF BURIAL | |
| Notes: | | | | |
| Brother/Sister | | | | |
| Name: | FIRST | MIDDLE | LAST | |
| | FIRST | MIDDLE | LAST | |
| | FIRST | MIDDLE | LAST | |
| | FIRST | MIDDLE | LAST | |
| | FIRST | MIDDLE | LAST | |
| | FIRST | MIDDLE | LAST | |
| | FIRST | MIDDLE | LAST | |

Section 4 – Personal Advisors

| Personal Representative/Executor: | | |
|-----------------------------------|--------------|-------|
| NAME | RELATIONSHIP | PHONE |
| STREET | CITY | STATE |
| Religious Contact | | |
| NAME | CHURCH | PHONE |
| STREET | CITY | STATE |
| Financial Professional(s) | | |
| NAME | COMPANY | PHONE |
| STREET | CITY | STATE |
| NAME | COMPANY | PHONE |
| STREET | CITY | STATE |

Section 4 – Personal Advisors (continued)

| Attorney | | |
|------------|------------|-------|
| NAME | ASSOCIATES | PHONE |
| STREET | CITY | STATE |
| Accountant | | |
| NAME | ASSOCIATES | PHONE |
| STREET | CITY | STATE |

Section 5 – Important Document Locator

| Safety Storage | |
|---|----------------|
| Safety Deposit Box: | # KEY LOCATION |
| Safety Deposit Box: | # KEY LOCATION |
| Other Storage: | |
| Other Storage: | |
| Record/Location | |
| <input type="checkbox"/> Birth Certificates | |
| <input type="checkbox"/> Marriage Certificates | |
| <input type="checkbox"/> Divorce Papers | |
| <input type="checkbox"/> Tax Records | |
| <input type="checkbox"/> W-2 Forms | |
| <input type="checkbox"/> Mortgage | |
| <input type="checkbox"/> Title House(s) | |
| <input type="checkbox"/> Title Car(s) | |
| <input type="checkbox"/> Title Misc | |
| <input type="checkbox"/> Military Records | |
| <input type="checkbox"/> Household Records, Bills, Other | |
| <input type="checkbox"/> Guardianship Letters | |
| <input type="checkbox"/> Power of Attorney – Financial | |
| <input type="checkbox"/> Power of Attorney – Health | |
| <input type="checkbox"/> Living Will | |
| <input type="checkbox"/> Loan Papers | |
| <input type="checkbox"/> Keys (Home, Vehicles, Storage, Safe) | |
| <input type="checkbox"/> Insurance (Life/DI/LTC/Health/Home/Auto) | |
| <input type="checkbox"/> Passwords (Email, Online Subscriptions, Other) | |
| <input type="checkbox"/> Other Docs (Journals, Bills, Legacy Letters) | |

Section 6 – Wills

| | | | |
|---|--------|-------|-------|
| <input type="checkbox"/> YES, I have a will. <input type="checkbox"/> NO, I do not have a will. | | | |
| Location of Original Will: | | | |
| Location of Copies: | | | |
| Date of Will: | MONTH | DAY | YEAR |
| Location of Original Codicil: | | | |
| Date of Codicil: | MONTH | DAY | YEAR |
| Executor of Will: | NAME | PHONE | |
| | STREET | CITY | STATE |
| Witness (to Will): | NAME | PHONE | |
| | STREET | CITY | STATE |
| | NAME | PHONE | |
| | STREET | CITY | STATE |
| Guardian (to Minors): | NAME | PHONE | |
| | STREET | CITY | STATE |

Section 7 – Trusts

| | | | |
|---|--------|-------|-------|
| <input type="checkbox"/> I have a trust. <input type="checkbox"/> I am a beneficiary of a trust. <input type="checkbox"/> I do not have a trust. | | | |
| Name and Date of Trust: | NAME | DATE | |
| Location of Trust: | | | |
| Trust Tax ID: | | | |
| Trustee(s): | NAME | PHONE | |
| | STREET | CITY | STATE |
| | NAME | PHONE | |
| | STREET | CITY | STATE |
| Successor Trustee: | NAME | PHONE | |
| | STREET | CITY | STATE |
| <input type="checkbox"/> My spouse has a trust. <input type="checkbox"/> My spouse is a beneficiary of a trust. <input type="checkbox"/> My spouse does not have a trust. | | | |
| Name and Date of Trust: | NAME | DATE | |
| Location of Trust: | | | |
| Trust Tax ID: | | | |

Section 7 – Special Needs Instructions

| Dependent | | | |
|---|--------------------------|---------------------|--------|
| Name: | FIRST | MIDDLE | LAST |
| Future Legal Guardian: | FIRST | MIDDLE | LAST |
| Attorney: | FIRST | MIDDLE | LAST |
| Letter of Intent Created: | MONTH | DAY | YEAR |
| Health Insurance Provider: | NAME | POLICY # | GROUP# |
| | PLAN PARTICIPANT NAME | TYPE/LEVEL COVERAGE | |
| Will health insurance for the person with special needs continue beyond age 26? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Alternative coverage if current health insurance is no longer available. | | | |
| Other | | | |
| Other relatives who have updated their wills, trusts, life insurance owner and beneficiary designations so that any potential inheritance goes to the special needs trust and not the individual: | | | |
| Family Member: | NAME | | |
| | ASSETS TO BE TRANSFERRED | | |
| Family Member: | NAME | | |
| | ASSETS TO BE TRANSFERRED | | |
| Family Member: | NAME | | |
| | ASSETS TO BE TRANSFERRED | | |
| List the caregivers if the dependent is a minor and is not likely to be considered legally competent as an adult once the child reaches 18. | | | |
| Caregiver: | NAME | PHONE: | |
| | ADDRESS | BIRTH DATE: | |
| Caregiver: | NAME | PHONE: | |
| | ADDRESS | BIRTH DATE: | |

Section 8 – Financial Accounts

| Checking/Savings/Money Markets/Annuities/CDs/Stocks/Bonds/IRAs | | | |
|--|---------|--|---------|
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |
| Account: | TYPE | | |
| | COMPANY | | ACCT # |
| | ADDRESS | | Phone # |

Section 9 – Insurance Policies

| Life Insurance | | |
|---|---------------------------------|--------------------------|
| Insurance: | COMPANY Midland National | POLICY # |
| | TYPE | Coverage Amount \$ PHONE |
| | COMPANY | POLICY # |
| | TYPE | Coverage Amount \$ PHONE |
| | COMPANY | POLICY # |
| TYPE | Coverage Amount \$ PHONE | |
| Location of Policies: | | |
| Other Insurance - Disability/Medical and Hospitalization/Long-Term Care/Accident/Travel/Other | | |
| Insurance: | COMPANY | POLICY # |
| | TYPE | PHONE |
| | COMPANY | POLICY # |
| | TYPE | PHONE |
| Location of Policies: | | |
| Property/Casualty Insurance - Auto/Home/Rental/Personal Liability/Umbrella Policies/Other | | |
| Insurance: | COMPANY | POLICY # |
| | TYPE | Broker/Agent PHONE |
| | COMPANY | POLICY # |
| | TYPE | Broker/Agent PHONE |
| Location of Info: | | |

Section 10 – Other Sources

| Organizational Benefits | | |
|---------------------------|-----------------|-----------------------|
| Other: | COMPANY | TYPE PHONE |
| | COMPANY | TYPE PHONE |
| Location of Info: | | |
| Government Life Insurance | | |
| | BRANCH | Social Security # |
| | Date of Service | Amount of Coverage \$ |
| Location of Info: | | |
| Other Government Benefits | | |
| Veteran's: | Amount | Account/Claim # |
| Civil Service: | Amount | Account/Claim # |
| Railroad Retirement: | Amount | Account/Claim # |
| Active Military: | Amount | Account/Claim # |
| Local/State Employment: | Amount | Account/Claim # |
| Location of Info: | | |

Section 11 – Employment Benefits

| Current Employer | | | |
|-------------------|---|---|-----------|
| Company: | NAME | POSITION/TITLE | HIRE DATE |
| | STREET | CITY | STATE |
| Benefits | | | |
| Benefits: | <input type="checkbox"/> Group Life Insurance | <input type="checkbox"/> Workman's Compensation | |
| | <input type="checkbox"/> Group Health Insurance (death benefit) | <input type="checkbox"/> Deferred Compensation | |
| | <input type="checkbox"/> Unpaid Salary | <input type="checkbox"/> Profit Sharing (survivor's benefits) | |
| | <input type="checkbox"/> Pension (survivor's benefits) | <input type="checkbox"/> Other _____ | |
| Location of Info: | | | |
| HR Contact: | NAME | PHONE # | |

Section 12 – Other Benefits

| Pension Plans | | |
|----------------------------------|--------------------------|-------|
| CURRENT COMPANY | PENSION IDENTIFICATION # | |
| STREET | CITY | STATE |
| PRIOR COMPANY | PENSION IDENTIFICATION # | |
| STREET | CITY | STATE |
| Individual Retirement Plan (IRA) | | |
| COMPANY | ACCOUNT # | |
| STREET | CITY | STATE |
| KEOGH Plan | | |
| COMPANY | ACCOUNT # | |
| STREET | CITY | STATE |
| 401(K) Plan | | |
| COMPANY | ACCOUNT # | |
| STREET | CITY | STATE |
| Other Retirement/Pension Plans | | |
| COMPANY | ACCOUNT # | |
| STREET | CITY | STATE |
| Location of other benefits: | | |

Section 13 – Business Interest

Business Ownership: I have an ownership interest in the following business(es):

| NAME | TYPE OF BUSINESS | % OWNERSHIP INTEREST |
|------|------------------|----------------------|
|------|------------------|----------------------|

Section 14 – Legal Action, Credit Cards & Debt

Legal Action: Uncollected legal judgment, pending lawsuit or claim, other

| NAME | ADDRESS | DESCRIPTION |
|------|---------|-------------|
|------|---------|-------------|

| Credit Cards | | |
|--------------|---------|---------|
| COMPANY | ADDRESS | ACCT. # |
| COMPANY | ADDRESS | ACCT. # |
| COMPANY | ADDRESS | ACCT. # |

| Debts | | |
|-------------|---------|-----------|
| DEBTOR NAME | ADDRESS | AMOUNT \$ |
| DEBTOR NAME | ADDRESS | AMOUNT \$ |

Section 15 – Income and Expenses

| Monthly Income | | Monthly Expenses | |
|----------------------|--|--|--|
| Individual | | Mortgage/Rent/Housing | |
| Salary (After Taxes) | | Property Taxes | |
| Bonus | | Auto | |
| Rental Income | | Phone/Internet/Cable | |
| Investment Income | | Utilities (Gas/Electric/Water/Garbage) | |
| Secondary Income | | Credit Cards | |
| Interest Income | | Insurance (Home/Mortgage/Auto) | |
| Other: | | Insurance (Medical/Dental/Vision) | |
| Spouse | | Charitable Giving | |
| Salary (After Taxes) | | Savings | |
| Bonus | | Food | |
| Rental Income | | Clothing | |
| Investment Income | | Other: | |
| Secondary Income | | Other: | |
| Interest Income | | Other: | |
| Other: | | Other: | |
| Other: | | Other: | |
| Other: | | Other: | |
| Total Income | | Total Expenses | |

| Cash Flow | | | | |
|--------------|---|----------------|---|-------------------|
| Income Total | | Expenses Total | | Surplus (Deficit) |
| | — | | = | |

Section 16 – Logins and Passwords

| Email | | |
|---------------|------------------------------|---|
| Account: | ADDRESS SECURITY QUESTION | PASSWORD ANSWER |
| Account: | ADDRESS SECURITY QUESTION | PASSWORD ANSWER |
| Account: | ADDRESS SECURITY QUESTION | PASSWORD ANSWER |
| Social Media | | |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD |
| Online Bills | | |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD <input type="checkbox"/> AUTO PAY |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD <input type="checkbox"/> AUTO PAY |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD <input type="checkbox"/> AUTO PAY |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD <input type="checkbox"/> AUTO PAY |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD <input type="checkbox"/> AUTO PAY |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD <input type="checkbox"/> AUTO PAY |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD <input type="checkbox"/> AUTO PAY |
| Account: | USERNAME ADDITIONAL INFO: | PASSWORD <input type="checkbox"/> AUTO PAY |
| Passcodes | | |
| Mobile Phone: | NAME | PASSCODE |
| Computer: | NAME | PASSCODE |
| Garage: | NAME | PASSCODE |
| Other: | NAME | PASSCODE |

| | |
|---|--|
| <input type="checkbox"/> I have a Health Care Directive | <input type="checkbox"/> I do not have a Health Care Directive |
|---|--|

I would like my body to be:

| | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Cremated | <input type="checkbox"/> Entombed | <input type="checkbox"/> Used as an Organ Donor |
| <input type="checkbox"/> Buried | <input type="checkbox"/> Given to Science | <input type="checkbox"/> Any of the preceding as selected by my heirs |

I would like:

| | |
|---|---|
| <input type="checkbox"/> A Funeral Service | <input type="checkbox"/> No Service |
| <input type="checkbox"/> A Memorial Service | <input type="checkbox"/> Any of the preceding as selected by my heirs |

I would like the funeral, memorial or service to take place at:

| | | |
|---|----------------------------------|---|
| <input type="checkbox"/> House of Worship | <input type="checkbox"/> My Home | <input type="checkbox"/> Any of the preceding as selected by my heirs |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Other | |

Names of my Preferences:

| | |
|------------------|------------------|
| HOUSE OF WORSHIP | RELIGIOUS LEADER |
| FUNERAL HOME | FUNERAL DIRECTOR |

Other requests for my Funeral/Memorial/Service

Additional personal preferences and wishes:

I have made funeral prearrangements. The information is as follows:

| | |
|---------|---------|
| COMPANY | PHONE # |
|---------|---------|

Charitable Contribution Wishes/Gifting Plan:

| | |
|--------------|------------|
| ORGANIZATION | INDIVIDUAL |
|--------------|------------|

[illegible]

[illegible]



Midland National[®] is a Sammons Financial Group company.

We are committed to our customers, distribution partners, employees and communities – and the deeply rooted belief that we grow stronger together.

With so much change happening in the world, people are looking for companies that can stand the test of time. They need a partner that can weather life's storms. That's us. For over a century, we have been here for our customers and honoring our commitments. And because we're privately owned, we don't measure our impact by the number of years we've been in business, investor goals or size of the company. We are proud of our impact of the financial futures we help secure, and the legacies we help establish.

We believe that we aren't here to serve just today's customers, but customers for generations to come. As we look ahead to our next hundred years, that fundamental principle remains rich in its vision. No matter how much change happens in the world around us, we strive to find new ways to create value for our customers.

Just like always.

Midland National has continued to earn high ratings, based on our financial strength, operating performance, and ability to meet obligations to our policyholders and contract holders. Midland National currently holds the following ratings:

“A+”

A.M. Best¹ (Superior) (Second category of 15)

S&P Global Ratings¹ (Strong) (Fifth category of 22)

Fitch Ratings¹ (Stable) (Fifth category of 19)