



New Business Amendment

AMENDMENT AND SUPPLEMENT TO APPLICATION FOR INSURANCE.

This form must be dated and personally signed in ink by the Proposed Insured, Spouse, Joint Insured, Owner and/or parent, as indicated, in the presence of a witness who must also sign the form in ink.

Make the following changes in the application for file or policy number 1502983192-4 on the life (lives) of ANN M RODRIQUEZ.

This policy is issued special class for Ann Rodriguez.

Planned periodic premium changed to \$443.00.

It is agreed that this amendment is part of the application and of the policy issued, and it will be binding on any person who will have any interest under the policy. This amendment, and the policy, will not take effect until signed as required below. It is agreed that no coverage is in effect if any changes are made to the above statements on this form.

Signed on this December day of
9th, 2011

Signature of
Proposed
Insured
if 15 Years or
Over

Signature of
Spouse
or Joint Insured

Witness _____

Signature of
Owner
or Parent

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