

Beneficiary Designation and Change Request

Minnesota Life Insurance Company, a Securian Financial Group affiliate
 P.O. Box 14289 • Tallahassee, FL 32317-4289 • Telephone 888-826-2756 • Fax 850-878-0048

MINNESOTA LIFE

Policy number 33503	Insured		
Insured's telephone number ()	Six-digit People First ID number	Social Security number	Date of birth

Print policyowner's name and address below. New address

INSTRUCTIONS:

1. Print or type in the space below, the full name, relationship to the employee and share % of each beneficiary to be named.
2. Sign and date the completed form and return it to Minnesota Life.
3. This designation applies to your Basic and any Optional coverage.
4. Call the Tallahassee Branch Office at 1-888-826-2756 with questions.

CHANGING YOUR BENEFICIARY REVOKES ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive death proceeds. Surviving beneficiaries in any category share equally unless otherwise specified. "Children," used without modification, includes only lawful bodily issue of first generation and legally adopted person. Any policy requiring policy endorsement is waived. This designation, when acknowledged by the Company at its Home Office, is in lieu of endorsement.

Name beneficiaries by category. To receive death proceeds, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death proceeds will be paid as if the insured survived the beneficiary.

Primary beneficiary(ies) (see examples on following page)

BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP	SHARE % (must total 100%)

Contingent beneficiary(ies)

BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP	SHARE % (must total 100%)

Policyowner's signature X	Date
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EXAMPLES OF BENEFICIARY DESIGNATIONS

- If there is only one person designated, you need not designate a contingent. For example: Jane Doe, wife.
- If naming a Formal Trust, the following information is needed:

Full Name of Trustee	Address (if Institution)
Name of Trust	Date of Trust

Example 1: If only one person is to receive the proceeds.

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Doe	Daughter	100%

Example 2: If a primary beneficiary is to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiary is deceased.

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe	Wife	100%
Contingent	The then living child or children born of the Insured's marriage with the said Jane Doe.		

Example 3: The primary beneficiary receives the proceeds first, followed by the contingent beneficiary, if all primary beneficiaries are deceased.

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe	Wife	100%
Contingent	Nancy Doe	Sister	50%
Contingent	Jim Doe	Father	50%

Example 4: If primary beneficiaries will share funds according to a specific split, and are to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiaries are deceased.

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Smith	Friend	75%
Primary	Beth Doe	Daughter	25%
Contingent	Jack Doe	Son	100%

Example 5: If beneficiary is a formal trust.

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement . Executed by the insured on June 1, 1991.		

DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.