

Beneficiary Change Request



Minnesota Life Insurance Company - a Securian Financial company
 Annuity Services • PO Box 64628, St. Paul, MN 55164-0628
 1-800-362-3141 • Fax 651-665-7942

Please complete the following information.

| | | | |
|---|------|-----------------------------|----------|
| Contract number | | Daytime telephone number | |
| Owner's name | | Owner's email address | |
| Joint owner's name | | Joint owner's email address | |
| Active address of record | City | State | Zip code |
| Complete if address of record has changed - this will be a permanent change | City | State | Zip code |

Beneficiary Designations:

- Completing this Beneficiary Change Request form will revoke all current beneficiary designations.
- If beneficiary designation/class information is not indicated, all beneficiaries will be considered primary beneficiaries. You may have the proceeds divided among several beneficiaries within the same designation/class. To do this, you must indicate what percentage of the proceeds each should receive. The shares must equal 100%. If percentages are not indicated, all beneficiaries in each designation/class will share equally.
- We are unable to accept complex or conditional beneficiary designations.
- Refer to your contract if you would like further information regarding the impact of a beneficiary designation change.
- Beneficiary information must be completed in full.

I wish to change my beneficiary designation as follows:

| | | | | |
|--|---------------|-------|---|-------------------------|
| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
| Share % | City | State | Zip code | Relationship to insured |
| | Email address | | Telephone number | |
| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
| Share % | City | State | Zip code | Relationship to insured |
| | Email address | | Telephone number | |
| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
| Share % | City | State | Zip code | Relationship to insured |
| | Email address | | Telephone number | |



| | | | | |
|--|---------------|-------|---|-------------------------|
| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
| Share % | City | State | Zip code | Relationship to insured |
| | Email address | | Telephone number | |
| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
| Share % | City | State | Zip code | Relationship to insured |
| | Email address | | Telephone number | |
| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
| Share % | City | State | Zip code | Relationship to insured |
| | Email address | | Telephone number | |
| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
| Share % | City | State | Zip code | Relationship to insured |
| | Email address | | Telephone number | |
| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
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| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
| Share % | City | State | Zip code | Relationship to insured |
| | Email address | | Telephone number | |
| Designation/Class <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary | Name | | Date of birth/trust | Tax ID (SSN or EIN) |
| | Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | |
| Share % | City | State | Zip code | Relationship to insured |
| | Email address | | Telephone number | |



Additional Beneficiary Designations:

If additional beneficiary designations are needed, attach, and check this box

Note: Include the contract number, owner name and beneficiary information requested in the boxes above. This must be signed and dated.

Authorization Instructions and Agreements

Note: Additional documentation may be required and will be reviewed prior to approval.

1. The owner of the contract must sign the form, or someone authorized on the owner's behalf (i.e., Power of Attorney or Conservatorship).
2. If the owner is a corporation, an authorized officer must sign the request with notation of his/her title.
3. If the owner is a partnership, at least one partner must sign the form with notation of his/her title. If it is a limited partnership, the general partner must sign with notation of his/her title.
4. If the owner is a trust, the trustee(s) must sign. The company shall not be responsible for the application or disposition of the proceeds by said trustee(s), and the receipt of the proceeds by said trustee(s) shall be fully discharged of the liability of the company under the contract.

I believe the information provided is true and accurate to the best of my knowledge. I understand that my identity may be verified by the Company in accordance with the U.S. Patriot Act of 2001. This verification may include, but is not limited to, contact with financial institutions, consumer reporting agencies, and government agencies.

Signatures:

| | |
|--|---------------------------|
| Owner's signature X | Date |
| Joint owner's signature (if applicable) X | Date |
| Power of attorney/conservator's signature (you must obtain a notarized or signature guarantee on this form.) X | |
| Representative/agent's signature X | Representative/agent code |
| | Date |

STATE OF _____)
)SS
 COUNTY OF _____)

On this _____ day of _____, _____ (month, year), before me, a notary public in and for said county and state, personally appeared _____ to me well known to be the person who executed the foregoing instrument and acknowledged that (s)he executed the same as her/his own free act and deed and for the uses and purposes therein stated.

Notary public



General Beneficiary Information

You may find the following definitions and sample designations helpful in completing your beneficiary designation form.

Primary Beneficiary: Your primary beneficiary should be the individual(s), organization, trust, or estate that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds each should receive. The shares must total 100%.

Contingent Beneficiary: Your contingent beneficiary should be the individual(s), organization, trust or estate that you wish to receive the insurance proceeds if your primary beneficiary(ies) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds each should receive. The shares must total 100%.

The following examples may be helpful in designating beneficiaries:

Individual: Jane M. Doe.

Estate: Estate of the insured.

Corporation/Organization: Legal name of the corporation or organization.

Trust: Write the name of the trust in the space for the Beneficiary's name and trust date in the "Date of birth/trust". Do not include trustee names.

Testamentary Trust: Write "Testament trust established under the Last Will and Testament of James Doe" in the space for the Beneficiary's name.

*The name and date of the trust will not be needed because it is not created until the date of death.

Minor Children: Designations should be to minor children directly, or to a trust. If the proceeds are paid at the time children are still minors, we will pay the proceeds to a court-appointed guardian or hold the proceeds at interest until the minor is legal age.



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