

Beneficiary Change Request



Securian Financial Group, Inc.
 Minnesota Life Insurance 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		Telephone number	
		<input type="checkbox"/> Cell	<input type="checkbox"/> Landline
Owner's name		Date of birth	
Owner's email address		Social Security number/TIN	
Joint owner's name		Date of birth	
Joint owner's email address		Social Security number/TIN	
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.
- Designations/Class - "Primary" (Class 1) and "Contingent" (Class 2) determine the order in which beneficiaries become eligible to receive death proceeds.
- **If designation is not indicated, all beneficiaries will be considered primary beneficiaries. If percentages are not indicated, all beneficiaries in each designation/class will share equally. The total percentage MUST equal 100%.**
- Trust beneficiaries - If changing the beneficiary to a trust, please indicate only the trust name and trust date - i.e. "John Smith trust dated 01/01/20XX". Include the Social Security number or Trust Tax ID if applicable.
- If you are in a same-sex marriage, civil union, or domestic partnership, you should consult with your tax advisor regarding how your relationship will be recognized for federal and state tax law purposes.

Signatures:

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

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

Note: beneficiary information must be completed in full to enable processing.

I wish to change my beneficiary designation as follows:

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