

# Living Benefit Rider Cancellation 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

Contract number	Social Security number/TIN	Daytime telephone number	
Owner's name	Date of birth		
Joint owner's name	Joint owner's SSN/TIN	Date of birth	
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

You may elect to cancel your existing Encore Living Benefit, Guaranteed Lifetime Withdrawal Benefit, Guaranteed Lifetime Withdrawal Benefit II, Guaranteed Minimum Withdrawal Benefit, or SureTrack Plus 90 rider if the following criteria are met:

- The rider must be active on the contract for seven full years or more (not applicable on SureTrack Plus 90).
- This request to cancel your Living Benefit Rider has been received by Minnesota Life within 30 days prior to your contract anniversary.

## Section A - Solicited/Unsolicited

Yes  No Was this request recommended by your financial professional?

## Section B - Rider Cancellation

I wish to cancel my Living Benefit Rider as of my next contract anniversary. I understand that upon termination of this rider, the benefits and charges within this rider will terminate.

In cancelling this rider:

- Termination of the rider will be as of your contract anniversary.
- If an Automatic Rebalancing Program is active, it will be cancelled.
- Your current fund allocations will not be changed; however, you are no longer required to invest in the approved pre-built portfolios or CustomChoice Strategy. To change your fund allocations, please submit a Sub-Account Transfer Request form.
- If a systematic withdrawal program is active on your contract to withdraw the Guaranteed Annual Withdrawal (GAW) or Guaranteed Annual Income (GAI) amount, it will be terminated.
- For GLWBII - Joint and ELI - Joint riders, your spouse is no longer required to be your sole Class One Beneficiary. To change your beneficiary, please submit the Beneficiary Change Request form.
- A pro-rata amount of the rider charge will be deducted from your contract upon cancellation.

## Section C - Signatures

Owner's signature Date  
**X**

Owner's email address

Joint owner's signature (if applicable) Date  
**X**

Joint owner's email address

Power of attorney/conservator's signature (You must obtain a notarized or signature guarantee on the form) Date  
**X**

Power of attorney/conservator's email address

Financial professional's signature (optional) Date  
**X**

Plan administrator/trustee's name (please print) (if applicable)

Financial professional code Date  
Plan administrator's telephone number

Plan administrator/trustee's signature (if applicable) Date  
**X**



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Securian Financial is the marketing name for Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company.