

Service 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. Check the service you desire, and complete the applicable sections as indicated below.

Contract number		Telephone number <input type="checkbox"/> Cell <input type="checkbox"/> Landline		
Owner's name		Date of birth	Social Security number or TIN	
Owner's email address				
Mailing address		City	State	Zip code

Change of Address/Telephone Number

New mailing address and telephone number:

Mailing address

City	State	Zip code	Telephone number <input type="checkbox"/> Cell <input type="checkbox"/> Landline
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For contracts that start with a letter (ex. "A"), we have the ability to record a temporary or seasonal address.

The above address is seasonal. Effective ___/___ (month/day) End date ___/___ (month/day)

Cancel seasonal address Effective ___/___ (month/day)

Note: Seasonal address will be effective every year at the same time as indicated above unless we are notified to cancel.

Calculation of Required Minimum Distribution

This form will only provide you with the amount of the Required Minimum Distribution (RMD). To withdraw the RMD from your contract, completion of the Partial Surrender Request form is required.

Calculate RMD for tax year _____ based on the following life expectancy (check one).

Single life

Joint life - complete the following:

Spouse's name	Spouse's date of birth (must be 10 years younger than contract owner)
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Note: Your spouse must be your only primary (class 1) beneficiary and more than 10 years younger than you. To change your beneficiary, complete the Beneficiary Change Request form F58397.

Duplicate Statement

Please send me a duplicate annual statement for the calendar year _____.

Please send me a duplicate quarterly statement for the First quarter Second quarter Third quarter Fourth quarter for the year _____.

Duplicate Tax Statement

Please send me a duplicate 1099 statement for the tax year _____.

Please send me a duplicate 5498 statement for the tax year _____.



IAN000031

Date of Birth Correction

Please correct the date of birth for _____ to read _____
(Name of owner or annuitant)

Social Security Number Correction

Please correct the Social Security number for _____ to read _____
(Name of owner or annuitant)

Change of Name

Name change is for: Owner Annuitant

Change is due to (check one)

- Marital status has changed from single to married. **(Required:** Attach copy of legal marriage license.)
- Marital status has changed due to a divorce; utilizing maiden name. **(Required:** attach copy of divorce decree.)
- Other. Please explain: _____
(Required: Attach copy of relevant court order.)

Change from: _____ **X** _____
Please print prior name Prior signature

Change to: _____ **X** _____
Please print new name New signature

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien), **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Exempt payee code (if any) _____ Exception from FATCA reporting code (if any) _____

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

You may be subject to IRS Civil or Criminal penalties if you fail to provide information, fail to properly report income items or make false statements to avoid backup withholding.

Note: Qualified Retirement Plan (QRP) and Corporate Non-Qualified plan owners do not need to complete this section.

Signatures

Owner's signature X	Date
Joint owner's signature X	Date
Plan trustee or plan administrator's signature X	Date
Power of attorney/conservator's signature (you must obtain a notarized or signature guarantee on this form.) X	Date
Financial professional's signature X	Financial professional code Date

