

Beneficiary Change Request



Minnesota Life Insurance Company - a Securian Financial company
Individual Policyowner Services • 400 Robert Street North, St. Paul, MN 55101-2098

Contact us by phone: 1-800-643-5728, fax: 651-665-6955, or by email: idlpa@securian.com

Important Instructions

- Completing this Beneficiary Change Request form will revoke all current beneficiary designations.
- If additional space is needed, please attach a separate sheet which includes: 1) the policy number and name of insured; 2) the information requested in the box below; 3) signature of the policyowner(s) along with the date.
- Refer to your policy if you would like further information regarding the impact of a beneficiary designation change.
- Print clearly and complete all necessary information.
- Use percentages and not dollar amounts. All percentages in each designation/class must total 100%. Surviving beneficiaries in the same designation class share equally unless otherwise specified.
- For general beneficiary information and sample designations, see page 4.

Policy number(s)	Insured
Policy number(s)	Insured
Policy number(s)	Insured
Policy number(s)	Insured

Primary Beneficiary Designation/Class 1 (please print)

Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
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Address, city, state, zip code

Email address	Relationship to insured	Telephone number
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Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
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Address, city, state, zip code

Email address	Relationship to insured	Telephone number
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Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
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Address, city, state, zip code

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Address, city, state, zip code

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Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured	Telephone number	
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Address, city, state, zip code			
Email address	Relationship to insured	Telephone number	
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured	Telephone number	

Contingent (secondary) Beneficiary Designation/Class 2 (please print) - Receives benefits only if the primary beneficiary(ies) is not willing, eligible, or able to receive benefits.

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies):

Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured	Telephone number	
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured	Telephone number	
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured	Telephone number	
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured	Telephone number	
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured	Telephone number	

Contingent (third) Beneficiary Designation/Class 3 (please print) - receives benefits only if the primary or secondary beneficiary(ies) is not willing, eligible, or able to receive benefits.

Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured		Telephone number
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured		Telephone number
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured		Telephone number
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured		Telephone number
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured		Telephone number
Name	Birth/trust date	Tax ID (SSN or EIN)	Percentage
Address, city, state, zip code			
Email address	Relationship to insured		Telephone number

Authorization Instructions and Agreements

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

1. The owner of the policy must sign the form, or someone authorized on the owner's behalf to do so (i.e., under 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 full discharge of the liability of the company under the policy.

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

Policyowner's signature X	Title, if applicable	Date signed
Trustee(s) signature X		Date signed
Irrevocable beneficiary's signature X		Date signed

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%.

Irrevocable: If you want to name a beneficiary that you cannot change without his/her consent, designate him/her as irrevocable beneficiary, such as "Jane M Doe, as irrevocable". The irrevocable beneficiary must also sign request in the allotted signature section. If you change the designation in the future, both you and the irrevocable beneficiary must sign.

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 birth/trust date.

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.

Irrevocable: Write the designated beneficiary in the space for the Beneficiary's name and indicate irrevocable.

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 child is legal age.