Beneficiary Designation



Securian Life Insurance Company • Minnesota Life Insurance Company Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098

INSTRUCTIONS:

- 1. Clearly print or type the information.
- 2. Sign and date the completed form.

3.

GENERAL BENEFICIARY INFORMATION:

- Completing this Beneficiary Designation form will revoke all current beneficiary designations.
- The same person(s) cannot be named as both a primary and contingent beneficiary.
- If you need more space, attach an additional sheet of paper with all of the information required. Be sure to sign and date this additional information page.
- To receive a death benefit, a beneficiary must survive the insured. If the named beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category.
- **Primary Beneficiary:** This is the individual(s), trust, charity, or estate that you want to receive the insurance benefit. You can divide the insurance proceeds between primary beneficiaries. <u>The total shares must equal 100%.</u>
- Contingent Beneficiary: If all the primary beneficiary(ies) are no longer living, eligible, or able to receive the benefits, it will be paid to the contingent beneficiary(ies) designated. You can divide the insurance proceeds between your named contingent beneficiaries. The total shares must equal 100%.
- Naming Minor Children: You may name your children (by name) directly, or to a trust. Minors
 cannot directly receive life insurance proceeds; however, they may be paid to a court-appointed
 guardian or held until the minor child is legal age.
- Trust: Provide the trust name, effective date and tax ID or Social Security number (if applicable) i.e., "John Smith Trust dated 01/01/20xx."
- Charity: Provide the full name, address, tax ID number.

CONTINUE ON TO NEXT PAGE

Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

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Beneficiary Designation

Securian Life Insurance Company • Minnesota Life Insurance Company

Employer name				Policy number	
Insured's name (first, midd	lle initial, last)	ID	ID (or last four of SSN)		
Address (street, city, state, zip)			Email address		
Insured's date of birth Policyowner (if different than insured)			Policyowner's phone number		
This designation appl coverages. If your bene	ies to selected cov	erage(s). If this section is left ent by coverage, use a separa	blank, your designate Beneficiary forn	ation will apply to all n for each coverage.	
DDIMA DV DENETICIA	DV/ICO) The		. l		
Beneficiary full name	RY(IES) - The person	or persons named will receive the	Tax ID (SSN)	Share %	
Deficilitiary full flame		Date of birtin	Tax ID (33N)	Silale 70	
Address (street, city, state, zip)			Relationship to ins	ured	
Beneficiary full name		Date of birth	Tax ID (SSN) Share %		
Address (street, city, state, zip)			Relationship to insured		
Beneficiary full name		Date of birth	Tax ID (SSN) Share %		
Address (street, city, state, zip)			Relationship to insured		
Beneficiary full name/trust	name	Date of birth/trust date	Tax ID (SSN or EII	N) Share %	
Address (street, city, state, zip)			Relationship to insured		
				Shares Must Equal 100%	
	ICIARY(IES) - Receiv	ves a benefit ONLY if all primary b			
Beneficiary full name		Date of birth	Tax ID (SSN)	Share %	
Address (street, city, state, zip)		Relationship to insured			
Beneficiary full name		Date of birth	Tax ID (SSN) Share %		
Address (street, city, state, zip)		Relationship to insured			
Beneficiary full name		Date of birth	Tax ID (SSN) Share 9		
Address (street, city, state, zip)		Relationship to insured			
			Total Contingent	Shares Must Equal 100%	
SIGNATURE REQUI	RED - This beneficial	ry revokes all prior designations.			
Policyowner's signature			Date		
X					

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