Beneficiary Designation

Minnesota Life Insurance Company - A Securian Company 400 Robert Street North ● St. Paul, Minnesota 55101-2098

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Employer					
Insured's name (last, first, middle initial) Insured's employe Security number				ee ID or last four digits of Social	
Street address		City	State	Zipcode	
Insured's date of birth	Policyowner (if differ	ent than the insured)	Policyowner's te	ephone number	
INSTRUCTIONS:1. Print or type in the space beloto be named.2. Sign and date the completed3. Return to		ddress, relationship to the	insured, and sh	are % of each beneficiary	
CHANGE BENEFICIARY REVOKIN	NG ALL PRIOR DESIG	GNATIONS			
The primary and contingent ber proceeds. Surviving beneficiar specified. Use of the word "Ch adopted children. For revocabl the only form needed to elect o Name beneficiaries by category beneficiary does not survive the beneficiaries within that category proceeds will be paid as if the i	ies in any category nildren", without mo le designations, this r change a designa y. To receive death e insured, that bene ory. In the event of	share equally with benefic dification, includes only y s signed beneficiary design tion under this policy. No proceeds, a beneficiary m ficiary's portion shall be e simultaneous death of the	ciaries in the sar our biological c nation, when acc other documen nust survive the i qually distribute	ne category unless otherwise hildren of first generation and cepted by Minnesota Life, is ts are required. nsured. In the event a to the remaining	
The same person cannot be na	amed as a primary	and a contingent benefici	iary.		
PRIMARY BENEFICIARY(IES) - TI	he person or persor	ns named will receive the	proceeds		
Benefic	iary Full Name & Addre	ess	Relationship	Share % (for primary beneficiaries must total 100%)	
				Total = 100%	
CONTINGENT BENEFICIARY(IES) - If the primary be	neficiary(ies) is no longe	r living, the ben	efit is paid to this person(s)	
Benefic	iary Full Name & Addre	ess	Relationship	Share % (for contingent beneficiaries must total 100%)	
				Total = 100%	
SIGNATURE REQUIRED					
Policyowner's signature X				Date	

EXAMPLES OF BENEFICIARY DESIGNATIONS

Example 1: If a primary beneficiary is to receive the proceeds, followed by a contingent beneficiary, if the primary beneficiary is deceased.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds				
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)		
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	100%		
CONTINGENT BENEFICIARY (IES) If the primary beneficiary (ies) is no longer living, the benefit is paid to this person or persons				
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)		
Nancy Jones, 5 Main Street, Anywhere, MN 45685	Sister	100%		

Example 2: If more than one primary beneficiary(ies) are to receive proceeds first, followed by the contingent beneficiary(ies) if all of the primary beneficiary(ies) are deceased.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the p	roceeds			
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)		
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	40%		
Jim Doe, 123 4th Street, Anywhere, MN 12345	Husband	40%		
Mary Smith, 45 Oak Street, Anywhere, MN 56789	Friend	20%		
CONTINGENT BENEFICIARY (IES) If no primary beneficiary is living, the benefit is paid to this person or persons				
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)		
Nancy Jones, 5 Main Street, Anywhere, MN 45685	Sister	50%		
Jack Williams, 10 Elm Street, Anywhere, MN 58978	Brother	50%		

Example 3: If the beneficiary is a formal trust.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds				
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)		
John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement. Executed by the insured on June 1, 2008.	Trust	100%		