

Beneficiary Designation and Change Request

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 Atlanta Branch Office • 260 Peachtree Street NW, Suite 1203 • Atlanta, Georgia 30303-1237

Policy number 33352-G	Insured	
Insured's telephone number ()	Last four digits of insured's Social Security number	Date of birth

Print policyowner's name and address below. New address

INSTRUCTIONS:

1. Print or type in the space below, the full name, address, date of birth, relationship to the insured, and share % of each beneficiary to be named.
2. Sign and date the completed form and return to Minnesota Life or fax to 404-522-1655.
3. This designation applies to your Employee Life and Accidental Death & Dismemberment (AD&D) coverage.
4. Call the Atlanta Branch Office at 1-800-660-2519 with questions.

CHANGE BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive death proceeds. Surviving beneficiaries in any category share equally unless otherwise specified. "Children," used without modification, includes only lawful bodily issue of first generation and legally adopted person. Any policy requiring policy endorsement is waived. This designation, when acknowledged by the Company at its Home Office, is in lieu of endorsement.

Name beneficiaries by category. To receive death proceeds, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death proceeds will be paid as if the insured survived the beneficiary.

PRIMARY BENEFICIARY(IES)

Beneficiary Full Name & Address	Date of Birth	Relationship	Share % (must total 100%)

CONTINGENT BENEFICIARY(IES)

Beneficiary Full Name & Address	Date of Birth	Relationship	Share % (must total 100%)

SIGNATURE

Policyowner's signature X	Date
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