

Beneficiary Designation

MINNESOTA LIFE

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

| | | | |
|--|---|---|----------|
| Employer | | Policy number | |
| Insured's name (last, first, middle initial) | | Insured's employee ID or last four digits of Social Security number | |
| Street address | City | State | Zip code |
| Insured's date of birth | Policyowner (if different than the insured) | Policyowner's telephone number () | |

INSTRUCTIONS:

1. Print or type in the space below, the full name, address, relationship to the insured, and share % of each beneficiary to be named.
2. **Sign and date the completed form.**
3. Return to

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 with beneficiaries in the same category unless otherwise specified. Use of the word "Children", without modification, includes only your biological children of first generation and adopted children. For revocable designations, this signed beneficiary designation, when accepted by Minnesota Life, is the only form needed to elect or change a designation under this policy. No other documents are required.

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.

The same person cannot be named as a primary and a contingent beneficiary.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the proceeds

| Beneficiary Full Name & Address | Relationship | Share % (for primary beneficiaries must total 100%) |
|---------------------------------|--------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total = 100%

CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)

| Beneficiary Full Name & Address | 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 proceeds | | |
|---|--------------|---|
| 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% |