

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

<b>POLICY NUMBER</b> <b>33234 – Alachua County</b>	<b>INSURED</b>
<b>INSURED'S TELEPHONE NUMBER</b> (      )	<b>SOCIAL SECURITY NUMBER/CONTRACT ID</b>

**RETURN TO  
RISK MANAGEMENT**

Print policyowner's address below. New Address

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**INSTRUCTIONS:**

1. Print or type in the space below, the full name, relationship to the insured, share %, and social security number of each beneficiary to be named.
2. Sign the completed form.
3. Return to Risk Management department.

**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. Right is reserved to revoke and change any beneficiary not designated irrevocable. 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. Contingent beneficiaries collect only if all the primary beneficiaries predecease the insured. 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) (see examples on following page)**

BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %	SOCIAL SECURITY NUMBER

**CONTINGENT BENEFICIARY(IES)**

BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %	SOCIAL SECURITY NUMBER

<b>POLICYOWNER'S SIGNATURE</b> X	<b>DATE</b> X
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## EXAMPLES OF BENEFICIARY DESIGNATIONS

- If there is only one person designated, you need not designate a contingent. For example: Jane Doe, wife.
- If naming a Formal Trust, the following information is needed:

Full Name of Trustee	Address (if Institution)
Name of Trust	Date of Trust

**Example 1: If only one person is to receive the proceeds.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Doe	Daughter	100%

**Example 2: If a primary beneficiary is to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiary is deceased.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe	Wife	100%
Contingent	The then living child or children born of the insured's marriage with the said Jane Doe		

**Example 3: The primary beneficiaries will share funds according to a specific split, followed by contingent beneficiary, if the primary beneficiaries are deceased.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe	Sister	50%
Primary	Nancy Doe	Sister	50%
Contingent	Jim Doe	Father	100%

**Example 4: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds according to a specific split, if the primary beneficiary is deceased.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Smith	Wife	100%
Contingent	Beth Doe	Daughter	75%
Contingent	Jack Doe	Son	25%

**Example 5: If beneficiary is a formal trust.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	John Doe, Trustee, his successors or successor in trust under the <b>John Doe Revocable Trust Agreement</b> . Executed by the insured on June 1, 1991.		

**DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM**