

# Beneficiary Designation and Change Request

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
 Group Insurance Department • B2-2012 • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Employer <b>State of Vermont</b>	Policy number <b>29075</b>
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Print policyowner's name and address below. New address

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Insured	Insured's employee ID	
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 Minnesota Life using the address above or fax to 651-665-4827.
4. Call 1-866-293-6047 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. 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. 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%)

**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 % (for contingent beneficiaries must total 100%)

**SIGNATURE**

Policyowner's signature <b>X</b>	Date
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