

Beneficiary Change Request



Minnesota Life Insurance Company - a Securian Financial company

Annuity Services • PO Box 64628, St. Paul, MN 55164-0628

1-800-362-3141 • Fax 651-665-7942 • idocannuity@securian.com

Contract number		Telephone number		☐ Cell	☐ Landline
Owner's name					
Owner's email address		Date of birth		Tax ID (SSN or EIN)	
Joint owner's name					
Joint owner's email address		Date of birth		Tax ID (SSN or EIN)	
Active address of record		City		State	Zip code
Complete if address of record has changed - this will be a permanent change		City		State	Zip code

Beneficiary Designations:

- Completing this Beneficiary Change Request form will revoke all current beneficiary designations.
- Requested beneficiary information must be provided in full.
- If beneficiary designation/class information is not indicated, all beneficiaries will be considered primary beneficiaries. You may have the proceeds divided among several beneficiaries within the same designation/class. To do this, you must indicate what percentage of the proceeds each should receive. The shares must equal 100%. If percentages are not indicated, all beneficiaries in each designation/class will share equally.
- We are unable to accept complex or conditional beneficiary designations.
- Refer to your contract if you would like further information regarding the impact of a beneficiary designation change.

I wish to change my beneficiary designation as follows:

Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust		Tax ID (SSN or EIN)	
	Address		☐ Male ☐ Female ☐ Entity			
Share %	City		State		Zip code	
	Email address		Relationship to owner			
Telephone number						
Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust		Tax ID (SSN or EIN)	
	Address		☐ Male ☐ Female ☐ Entity			
Share %	City		State		Zip code	
	Email address		Relationship to owner			
Telephone number						
Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust		Tax ID (SSN or EIN)	
	Address		☐ Male ☐ Female ☐ Entity			
Share %	City		State		Zip code	
	Email address		Relationship to owner			
Telephone number						



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Securian Financial is the marketing name for Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company.

Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust	Tax ID (SSN or EIN)
	Address		☐ Male ☐ Female ☐ Entity	
Share %	City	State	Zip code	Relationship to owner
	Email address		Telephone number	
Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust	Tax ID (SSN or EIN)
	Address		☐ Male ☐ Female ☐ Entity	
Share %	City	State	Zip code	Relationship to owner
	Email address		Telephone number	
Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust	Tax ID (SSN or EIN)
	Address		☐ Male ☐ Female ☐ Entity	
Share %	City	State	Zip code	Relationship to owner
	Email address		Telephone number	
Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust	Tax ID (SSN or EIN)
	Address		☐ Male ☐ Female ☐ Entity	
Share %	City	State	Zip code	Relationship to owner
	Email address		Telephone number	
Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust	Tax ID (SSN or EIN)
	Address		☐ Male ☐ Female ☐ Entity	
Share %	City	State	Zip code	Relationship to owner
	Email address		Telephone number	
Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust	Tax ID (SSN or EIN)
	Address		☐ Male ☐ Female ☐ Entity	
Share %	City	State	Zip code	Relationship to owner
	Email address		Telephone number	
Designation/Class ☐ Primary ☐ Contingent	Name		Date of birth/trust	Tax ID (SSN or EIN)
	Address		☐ Male ☐ Female ☐ Entity	
Share %	City	State	Zip code	Relationship to owner
	Email address		Telephone number	



Additional Beneficiary Designations:

If additional beneficiary designations are needed, attach, and check this box ☐

Note: Include the contract number, owner name and beneficiary information requested in the boxes above. This must be signed and dated.

Authorization Instructions and Agreements

Note: Additional documentation may be required and will be reviewed prior to approval.

1. The owner of the contract must sign the form, or someone authorized on the owner's behalf (i.e., Power of Attorney or Conservatorship).
2. If the owner is a corporation, an authorized officer must sign the request with notation of his/her title.
3. If the owner is a partnership, at least one partner must sign the form with notation of his/her title. If it is a limited partnership, the general partner must sign with notation of his/her title.
4. If the owner is a trust, the trustee(s) must sign. The company shall not be responsible for the application or disposition of the proceeds by said trustee(s), and the receipt of the proceeds by said trustee(s) shall be fully discharged of the liability of the company under the contract.

I believe the information provided is true and accurate to the best of my knowledge. I understand that my identity may be verified by the Company in accordance with the U.S. Patriot Act of 2001. This verification may include, but is not limited to, contact with financial institutions, consumer reporting agencies, and government agencies.

Signatures:

Owner's signature X	Date	
Joint owner's signature (if applicable) X	Date	
Power of attorney/conservator's signature (you must obtain a notarized or signature guarantee on this form.) X		
Financial professional's signature X	Financial professional code	Date

Note: If the signature of the power of attorney or conservator is required above, the following section must be completed by a notary public.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____ this ____ day of _____, 20____. Witness my hand and official seal. My Commission expires: _____.

NOTARY PUBLIC



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General Beneficiary Information

You may find the following definitions and sample designations helpful in completing your beneficiary designation form.

Primary Beneficiary: Your primary beneficiary should be the individual(s), organization, trust, or estate that you wish to receive the proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds each should receive. The shares must total 100%.

Contingent Beneficiary: Your contingent beneficiary should be the individual(s), organization, trust or estate that you wish to receive the proceeds if your primary beneficiary(ies) predecease(s) the owner. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds each should receive. The shares must total 100%.

The following examples may be helpful in designating beneficiaries:

Individual: Jane M. Doe.

Estate: Estate of the owner.

Corporation/Organization: Legal name of the corporation or organization.

Trust: Write the name of the trust in the space for the Beneficiary's name and trust date in the "Date of birth/trust". Do not include trustee names.

Testamentary Trust: Write "Testament trust established under the Last Will and Testament of James Doe" in the space for the Beneficiary's name.
*The name and date of the trust will not be needed because it is not created until the date of death.

Minor Children: A child beneficiary must be directly designated by name; for example: "James Doe, son". If the child beneficiary is still a minor, proceeds will be paid to a court-appointed guardian or held until the minor child is of legal age.

Per Stirpes: A "per stirpes" designation indicates that if that beneficiary predeceases the owner, the children of that beneficiary who are living at the time of the death of the owner will share equally in the portion which their deceased parent would have taken if he or she had survived the owner. This designation can be listed in the following way: "Jennifer Doe, per stirpes".



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