# **Beneficiary Designation**

# Securian Life Insurance Company Minnesota Life Insurance Company

Administered by Ochs, Inc.

Group Customer Service • 400 Robert Street North, Suite 1880, St. Paul, MN 55101-2025

### **INSTRUCTIONS**

- 1. Clearly print or type the information.
- 2. Sign and date the completed form.
- 3. Return to:

#### **GENERAL BENEFICIARY INFORMATION**

- Completing this Beneficiary Designation form will revoke all current beneficiary designations.
- The same person(s) cannot be named as both a primary and contingent beneficiary.
- If you need more space, attach an additional sheet of paper with all of the information required. Be sure to sign and date this additional information page.
- To receive a death benefit, a beneficiary must survive the insured. If the named beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category.
- When the signed and completed beneficiary form has been accepted, you will be mailed a confirmation.
- Primary Beneficiary: This is the individual(s), trust, charity, or estate that you want to receive the insurance benefit. You can divide the insurance proceeds between primary beneficiaries. The total shares must equal 100%.
- Contingent Beneficiary: If all the primary beneficiary(ies) are no longer living, eligible, or able to receive the benefits, it will be paid to the contingent beneficiary(ies) designated. You can divide the insurance proceeds between your named contingent beneficiaries. The total shares must equal 100%.
- Naming Minor Children: You may name your children (by name) directly, or to a trust. Minors cannot directly receive life insurance proceeds; however, they may be paid to a court-appointed guardian or held until the minor child is legal age.
- Trust: Provide the trust name, effective date and tax ID or Social Security number (if applicable) i.e., "John Smith Trust dated 01/01/20xx."
- **Charity:** Provide the full name, address, tax ID number.

#### **CONTINUE ON TO NEXT PAGE**

Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

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# **Beneficiary Designation**

## Securian Life Insurance Company • Minnesota Life Insurance Company

Employer name				Policy number		
Insured's name (first, midd		ID (or last four of SSN)				
Address (street, city, state	, zip)		Email address	I.		
Insured's date of birth Policyowner (if differe		ent than insured)		Policyowner's phone number		
This designation appl						
		erson or persons named will rec	eive the benefit.			
Beneficiary full name/trust name		Date of birth/trust date	Tax ID (SSN or	Tax ID (SSN or EIN) Share %		
Address (street, city, state, zip) and phone number			Relationship to	Relationship to insured		
Beneficiary full name		Date of birth	Tax ID (SSN)	x ID (SSN) Share 9		
Address (street, city, state, zip) and phone number			Relationship to	Relationship to insured		
Beneficiary full name		Date of birth	Tax ID (SSN)	) Share		
Address (street, city, state, zip) and phone number			Relationship to	Relationship to insured		
Beneficiary full name		Date of birth	Tax ID (SSN)	Tax ID (SSN) Share		
Address (street, city, state, zip) and phone number			Relationship to	Relationship to insured		
			Total Prima	ary Shares Must	Equal 100%	
		Receives a benefit ONLY if all pr				
Beneficiary full name/trust	name	Date of birth/trust date	Tax ID (SSN or	EIN)	Share %	
Address (street, city, state, zip) and phone number			Relationship to i	insured		
Beneficiary full name		Date of birth	Tax ID (SSN)	(SSN) Sha		
Address (street, city, state, zip) and phone number			Relationship to i	insured		
Beneficiary full name		Date of birth	Tax ID (SSN)		Share %	
Address (street, city, state, zip) and phone number			Relationship to i	Relationship to insured		
			Total Continge	ent Shares Must	Equal 100%	
SIGNATURE REQUI	RED - This beneficia	ry form revokes all prior designa			·	
Insured or policyowner's penned signature  X				Date		
Community Property 3 Nevada, New Mexico, community property state below to waive his or he	Texas, Washington te and name someo er rights to any comm	current and former resident a, or Wisconsin. If you are no ne other than your spouse a munity property interest in the nave any questions in connec	narried and live in, s beneficiary, you i e benefit. You shou	or previously liv may have your s ald consult with a	ed in, a spouse sign a qualified	
right that I may have to	the proceeds of suc	nt to the beneficiary designa h insurance under applicable ay not designate a different p	e community prope	erty laws. My spo	ouse may	
Signature of spouse X		Please print spouse name clearly		Date signed		