

**MINNESOTA LIFE**

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

**RELIASTAR**

ReliaStar Life Insurance Company  
 20 Washington Avenue South  
 Minneapolis, MN 55401

**State of Minnesota - UNDER AGE 65 RETIREE****Policy Number: 7166**

(Complete name and address)

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### Additional Life Insurance POST-RETIREMENT BENEFIT APPLICATION

|                        |               |  |
|------------------------|---------------|--|
| Social Security number | Date of birth | Department number  |
| Retirement date        |               | Last premium payment was for the pay period or month ending: |

I. Complete and verify above information. If this is an under age 65 retiree, certify that the individual meets the retirement criteria as defined in the statute and therefore eligible for the employee/spouse post-retirement life insurance benefit. Have the individual complete and sign Section II.

|      |  |
|------|--|
| Date | Agency HR Representative signature<br><b>X</b> |
|------|--|

II. RETIREE: Your group life insurance coverage is terminated as of the date shown above. You are eligible, as a retiree defined under Minnesota Statute 43(a), for an immediate retirement annuity from the State and can, therefore, continue your present additional employee life insurance at the group rates until age 65. If you continue your insurance by paying the required premium to age 65, and if you will then have been covered under the additional employee life insurance plan continuously for 5 consecutive years, you will qualify for a reduced amount of insurance with no further premium payments. The amount of insurance will be 15% of the smallest amount of additional insurance preceding your 65th birthday. If you have any questions concerning this benefit you can call Minnesota Life, 1-877-494-1714.

I elect to continue my additional employer group life insurance coverage.

I understand that:

- Premiums increase based on age.
- The insurance premium will be billed on a semiannual basis.
- If I fail to pay premiums within the 31-day grace period my coverage will lapse and cannot be reinstated.
- Any increase of this coverage since my 60th birth date will not be eligible for the 15% post-retirement benefit since it will not be in force for the required 5 year period.

I elect to waive this offer to continue my additional life insurance.

|      |                               |
|------|-------------------------------|
| Date | Retiree signature<br><b>X</b> |
|------|-------------------------------|

III. Complete and verify the following information for the coverages elected to be continued in Section II.

- The current amount of additional employee life insurance coverage on date of retirement is \$ \_\_\_\_\_

**IMPORTANT NOTICE TO RETIREE:** This form certifies your eligibility for this post-retirement benefit and identifies the amount of life insurance that will continue on your file. Please retain this document along with a certificate which you can access online from the MMB home page at: [www.mmb.state.mn.us](http://www.mmb.state.mn.us). If you have any questions concerning this benefit you can call Minnesota Life, 1-877-494-1714.

|      |   |
|------|---|
| Date | Employee Insurance Division signature<br><b>X</b> |
|------|---|

**See back of form to make changes to your beneficiary →**

|                            |                         |
|----------------------------|-------------------------|
| Retiree name (first, last) | Last four digits of SSN |
|----------------------------|-------------------------|

**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 legally adopted person. For revocable designations, this signed beneficiary, 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%) |
|---------------------------------|--------------|---|
|                                 |              |   |
|                                 |              |   |
|                                 |              |   |
|                                 |              |   |

**Contingent beneficiary(ies) - If the primary beneficiary(ies) is no longer living, the benefit is paid to the person or persons.**

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

|                                      |      |
|--------------------------------------|------|
| Policyholder's signature<br><b>X</b> | Date |
|--------------------------------------|------|

**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: Only one person is to receive the proceeds.**

|         | Beneficiary Full Name & Address | Relationship | 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 | 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: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds equally, if the primary beneficiary is deceased.**

|            | Beneficiary Full Name & Address | Relationship | Share % |
|------------|---------------------------------|--------------|---------|
| Primary    | Jane Doe                        | Wife         | 100%    |
| Contingent | Nancy Doe                       | Sister       | 50%     |
| Contingent | Jim Doe                         | Father       | 50%     |

**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 | Share % |
|------------|---------------------------------|--------------|---------|
| Primary    | Mary Smith                      | Friend       | 100%    |
| Contingent | Beth Doe                        | Daughter     | 75%     |
| Contingent | Jack Doe                        | Son          | 25%     |

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

|         | Beneficiary Full Name & Address   | Relationship |
|---------|---|--------------|
| 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.**