

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 - OVER AGE 65 RETIREE**Policy Number: 7166**

(Complete name and address)

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:	
Date	Retiree signature X	

I. Complete and verify above information and certify that the individual is eligible for an immediate retirement annuity and therefore eligible for the employee post-retirement life insurance benefit.

Date	Agency HR Representative signature X
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II. Complete and verify the following information. The smallest amount of additional employee life insurance coverage in force during the five-year period immediately prior to retirement was \$_____.

Your post-retirement benefit will be 15% of the amount shown.

(Attach any existing beneficiary designation information)

Date	Employee Insurance Division signature X
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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 life. Please retain this document along with a certificate which you can access online from the MMB home page at: www.mmb.state.mn.us. If you have any questions concerning this benefit you can call Minnesota Life, 1-877-494-1714.

See back of form to make changes to your beneficiary

Retiree name (first, last)	Last four digits of SSN
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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 X	Date
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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: 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 John Doe Revocable Trust Agreement . Executed by the insured on June 1, 1991.	