

Farm Credit Foundations Beneficiary Designation and Change Request

Minnesota Life Insurance Company, a Securian Financial Group affiliate
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Policy number (please select the plan to which this change applies) <input type="checkbox"/> All Employer-Paid and Employee-Paid Life Insurance <input type="checkbox"/> Basic/AD&D and/or Optional Basic/AD&D Life Insurance <input type="checkbox"/> Group Universal Life Insurance <input type="checkbox"/> Voluntary Accidental Death & Dismemberment	Insured Insured's telephone number ()	<div style="border: 2px solid black; padding: 5px; display: inline-block; font-weight: bold;">ROUTE TO: B2-4256</div> Social Security number/contract ID
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Print policyowner's name and address below. New address

INSTRUCTIONS:

1. Print or type in the space below, the full name, address, relationship to the insured, share % and the Social Security number of each beneficiary to be named.
2. Use a separate form for each policy unless you checked the first box above. **If you do not check a box, the designation(s) will apply to all coverages.**
3. The owner of the policy must sign and date the completed form(s).
4. Return form to Minnesota Life by mail or fax to 651-665-4827.
5. Call 1-800-843-8358 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. 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. Contingent beneficiaries collect only if all the primary beneficiaries predecease the insured. 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.

PRIMARY BENEFICIARY(IES)		(see examples on following page)	
BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %	SOCIAL SECURITY NUMBER

CONTINGENT BENEFICIARY(IES)			
BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %	SOCIAL SECURITY NUMBER

Policyowner'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: If only one person is to receive the proceeds.

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	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 TO INSURED	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: The primary beneficiaries will share funds according to a specific split, followed by contingent beneficiary, if the primary beneficiaries are deceased.

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe	Sister	50%
Primary	Nancy Doe	Sister	50%
Contingent	Jim Doe	Father	100%

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 TO INSURED	SHARE %
Primary	Mary Smith	Wife	100%
Contingent	Beth Doe	Daughter	75%
Contingent	Jack Doe	Son	25%

Example 5: If beneficiary is a formal trust.

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED
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.	

DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.