

# Beneficiary Designation

**MINNESOTA LIFE**

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

Employer <b>Georgia Institute of Technology</b>		Policy number <b>34289 &amp; 34290</b>	
Insured's name (last, first, middle initial)		Last four digits of Social Security number	
Street address	City	State	Zip code
Insured's date of birth	Policyowner (if different than the insured)	Policyowner's telephone number	

This designation applies to (if this section is left blank, your designation will apply to all coverages):

- All coverages     
  Basic Life and AD&D     
  Supplemental Life and AD&D     
  Voluntary AD&D

If you are designating a separate beneficiary for each coverage type, use a separate form for each coverage.

**INSTRUCTIONS:**

1. Print or type in the space below, the full name, address, relationship to the insured, and share % of each beneficiary to be named.
2. **Sign and date the completed form.**
3. Return to Shared Services or your institution's HR/Benefits office.

**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 adopted children. For revocable designations, this signed beneficiary designation, 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 your primary and contingent beneficiaries. 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. 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 / Date of Birth	Relationship	Share % (for primary beneficiaries must total 100%)

**Total = 100%**

**CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)**

Beneficiary Full Name & Address / Date of Birth	Relationship	Share % (for contingent beneficiaries must total 100%)

**Total = 100%**

**SIGNATURE REQUIRED**

Policyowner's signature <b>X</b>	Date
-------------------------------------	------

# EXAMPLES OF BENEFICIARY DESIGNATIONS

**Example 1: If a primary beneficiary is to receive the proceeds, followed by a contingent beneficiary, if the primary beneficiary is deceased.**

<b>PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds</b>		
Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	100%
<b>CONTINGENT BENEFICIARY(IES) If the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons</b>		
Beneficiary Full Name & Address	Relationship	Share % (for contingent beneficiaries must total 100%)
Nancy Doe, 5 Main Street, Anywhere, MN 45685	Sister	100%

**Example 2: If more than one primary beneficiary(ies) are to receive proceeds first, followed by the contingent beneficiary(ies) if all of the primary beneficiary(ies) are deceased.**

<b>PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds</b>		
Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	40%
Jim Doe, 123 4th Street, Anywhere, MN 12345	Husband	40%
Mary Smith, 45 Oak Street, Anywhere, MN 56789	Friend	20%
<b>CONTINGENT BENEFICIARY(IES) If the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons</b>		
Beneficiary Full Name & Address	Relationship	Share % (for contingent beneficiaries must total 100%)
Nancy Jones, 5 Main Street, Anywhere, MN 45685	Sister	50%
Jack Williams, 10 Elm Street, Anywhere, MN 58978	Brother	50%

**Example 3: If the beneficiary is a formal trust.**

<b>PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds</b>		
Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)
John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement. Executed by the insured on June 1, 2008.	Trust	100%