Beneficiary Designation



Securian Life Insurance Company • Minnesota Life Insurance Company Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098

INSTRUCTIONS:

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

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.
- **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. <u>The total shares must equal 100%.</u>
- 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			Po	licy number	
County of San Bernardino				33772/33773	
Insured's name (first, middle initial, last)				Employee ID	
Address (street, city, state	, zip)		Email address		
Insured's date of birth Policyowner (if different than insured)		Policyowner's phone number			
This designation appl coverages. If your bene All coverages Basic Life - 33772 Supplemental Life - 33	ficiary(ies) are differ	erage(s). If this section is left ent by coverage, use a separa Voluntary AD	ate Beneficiary form	ition will apply to all for each coverage.	
DDIMARY DENETICIA	DV/IEC) The second		- l £4		
PRIMARY BENEFICIARY(IES) - The person or Beneficiary full name		Date of birth	he benefit. Tax ID (SSN) Share %		
,					
Address (street, city, state, zip)			Relationship to insured		
Beneficiary full name		Date of birth	Tax ID (SSN) Share 9		
Address (street, city, state, zip)		I	Relationship to insured		
Beneficiary full name		Date of birth	Tax ID (SSN) Share %		
Address (street, city, state, zip)		I	Relationship to insured		
Beneficiary full name		Date of birth	Tax ID (SSN) Share %		
Address (street, city, state, zip)			Relationship to insured		
Beneficiary full name/trust name		Date of birth/trust date	Tax ID (SSN or EIN) Share %		
Address (street, city, state, zip)			Relationship to insured		
			Total Primary	Shares Must Equal 100%	
CONTINGENT BENEF	ICIARY(IES) - Receiv	res a benefit ONLY if all primary b			
Beneficiary full name		Date of birth	Tax ID (SSN) Share %		
Address (street, city, state, zip)		Relationship to insu	ıred		
Beneficiary full name		Date of birth	Tax ID (SSN) Share %		
Address (street, city, state, zip)		Relationship to insured			
Beneficiary full name		Date of birth	Tax ID (SSN) Share %		
Address (street, city, state, zip)		Relationship to insured			
			Total Contingent	Shares Must Equal 100%	
SIGNATURE REQUI	RED - This beneficiar	y revokes all prior designations.		,	
Policyowner's signature			Date		
X					

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