

Beneficiary Designation and Change Request

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 Charleston Branch Office • PO Box 3742 • Charleston, WV 25337-3742

Employer State of Maryland	Policy number 34189 (Term)/34190 (VAD&D)
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This designation applies to (If this section is left blank, your designation will apply to all coverages.):

- All coverages** **Employee Term Life** (use one form for each coverage, if necessary)
 Voluntary AD&D (use one form for each coverage, if necessary)

Policyowner name and address (notify employer of any change in address)



Call 1-866-883-3514
with questions.

Policyowner	Policyowner's last four digits of Social Security number
Policyowner's date of birth	Policyowner's telephone number

INSTRUCTIONS:

1. Print or type in the space below, the full name, address, relationship to the policyowner, and share % of each beneficiary to be named. If identifying a class of beneficiaries, such as children, identify each person currently included in that class.
2. **Sign and date the completed form.**
3. Return to Minnesota Life using the address above or fax to 304-344-1221.

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 beneficiaries by category. To receive death proceeds, a beneficiary must survive the policyowner. In the event a beneficiary does not survive the policyowner, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the policyowner and a beneficiary, the death proceeds will be paid as if the policyowner 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%)

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	Relationship	Share % (for contingent beneficiaries must total 100%)

Total = 100%

SIGNATURE REQUIRED

Policyowner's signature X	Date
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