

Preference Beneficiary's Statement

Minnesota Life Insurance Company - A Securian Company
Claims • P. O. Box 64114 • St. Paul, MN 55164-0114

For claim information call:
Toll free 1-888-658-0193
Fax 651-665-7106

MINNESOTA LIFE

INSTRUCTIONS: This form needs to be completed because the insured did not name a beneficiary or no designated beneficiary survived the insured.

CLAIM NUMBER

PART A - Please complete this section in order. If necessary, please make copies or call us for additional forms.

Legal name of deceased insured (last, first, middle initial)	Date of birth (mo/day/yr)	Date of death (mo/day/yr)
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Other names by which the deceased has been known, if any

1. Did the insured leave a surviving lawful wife or husband? If YES, complete appropriate box. Yes No

I am the surviving lawful spouse. Complete Part B and Part C.

I am not the lawful spouse. Provide the name and address of surviving spouse and complete Part B below.

2. If the answer to question 1 is NO, was the insured survived by natural and/or legally adopted children? Yes No

If YES, answer the following questions and complete Part B and Part C.

I am a child of the insured. Are there other surviving natural and/or legally adopted children? Yes No

If yes, a Preference Beneficiary Statement must be completed for each child. List the name and address of each child.

Note: If the child is a minor or has a legally appointed guardian, the form must be completed by the legal guardian for each child. Please send us the certified court order appointment of the legal guardian of the estate of the minor child.

3. If the answer to questions 1 and 2 are NO, was the insured survived by parents? Yes No

If YES, answer the following questions and complete Part B and Part C.

I am a parent of the insured.

List the other parent _____ A Preference Beneficiary Statement must be completed by each parent. If the parent is deceased, list the date of death _____.

4. If the answer to questions 1, 2 and 3 are NO, are you a duly appointed representative of the insured's estate (executor or administrator)? Yes No

If YES, a certified copy of the Letters of Administration must be attached to this form and complete Part B and Part C.

Please provide the estate's tax identification number _____

If NO, please provide us with the name and address of the appointed representative of the estate _____

PART B - Please fully complete, sign and date.

Your name (last, first, middle initial)	Date of birth (mo/day/yr)	Your Social Security number
Address (street, city, state, zip)		Daytime telephone number
Signature X	Date	Relationship to deceased

**** YOU MUST COMPLETE PART C AND PART D **
ON THE REVERSE SIDE**



CLAIM NUMBER

PART C - Please sign and date.

CERTIFICATION INSTRUCTIONS: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

CERTIFICATION – Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Social Security number or Taxpayer Identification number, **and**
- (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, **and**
- (3) I am a U. S. person (including a U. S. resident alien), **and**
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Certification Notice:

THE IRS REQUIRES US TO OBTAIN CERTIFICATION OF YOUR SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER. WITHOUT THIS INFORMATION, YOU MAY BE SUBJECT TO GOVERNMENT IMPOSED BACKUP WITHHOLDING FOR ANY INTEREST PAID ON THE DEATH BENEFIT.

Signature X	Date
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For your protection, state laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.

PART D – PAYMENT INFORMATION (Benefits will be sent to you via a check if Part D is not fully completed and signed.)

How would you like to receive the proceeds payable to you?

- Check Direct Deposit - if you select this option, you must complete and sign the bottom of this form.

Authorization for Direct Deposit

I authorize Minnesota Life Insurance Company (“Company”) to initiate deposits (credit entries) and corrections (debit entries) to adjust any deposits made in error to my account indicated below. I authorize the financial institution (“Depository”) named below to accept these deposits and/or corrections made to this account.

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it or until such time as Company terminates this method of payment.

Name of depository (bank, credit union, etc.)		Depository telephone number	
Street	City	State	Zip code
Account type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Bank routing/transit number	Account number	

IMPORTANT: For purposes of accuracy, **PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.**

Signature of beneficiary X	Date signed
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