



Life and Supplemental Life Beneficiary Change Form

Minnesota Life Insurance Company

ENROLLMENT INFORMATION

Employee Name: _____ Employee PID Number: _____

CHANGE MY NAME

From: _____ To: _____

CHANGE MY BENEFICIARY TO:

Beneficiary Designation

When there is no surviving designated beneficiary, or no one has been named, your plan will default to the standard order of priority. The standard order of priority is: spouse, children, parents, then Estate.

- Sequentially** (In order named) - Benefits will be paid to your beneficiary. If deceased, benefits will be paid to the first contingent beneficiary. If both are deceased, benefits will be paid to the second contingent beneficiary.

Primary Beneficiary: Name _____ Relation: _____

Address: _____

Phone: _____ SSN: _____ DOB: _____

1st Contingent Beneficiary: Name _____ Relation: _____

Address: _____

Phone: _____ SSN: _____ DOB: _____

2nd Contingent Beneficiary: Name _____ Relation: _____

Address: _____

Phone: _____ SSN: _____ DOB: _____

- Jointly** - Benefits shall be divided any payable as indicated below. (Percentages should total 100 percent*.)

Primary Beneficiary: Name _____ Relation: _____

Address: _____ %* _____

Phone: _____ SSN: _____ DOB: _____

Primary Beneficiary: Name _____ Relation: _____

Address: _____ %* _____

Phone: _____ SSN: _____ DOB: _____

Primary Beneficiary: Name _____ Relation: _____

Address: _____ %* _____

Phone: _____ SSN: _____ DOB: _____

Employee Signature

Date

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