

Preference Beneficiary Statement



Minnesota Life Insurance Company - a Securian Financial company
Benefit Services • P.O. Box 64114, St. Paul, MN 55164-0114
1-888-658-0193 • Fax 1-877-494-8401

CLAIM NUMBER

Decedent's Information

Name of deceased (first, middle, last)

Other names by which the deceased has been known, if any

Date of birth (mo/day/yr)

Date of death (mo/day/yr)

Last day worked (mo/day/yr), if unknown or retired mark n/a

Eligibility

This form needs to be completed because the insured did not name a beneficiary or no designated beneficiary survived. Check the box that indicates your relationship to the deceased and complete the beneficiary section below. Eligibility for benefits will be determined by survivors in the following order of heirship. Completion of this form does not guarantee eligibility or a benefit payment.

- ☐ I am the lawful spouse of the insured.
- ☐ I am a child, biologically or legally adopted, of the insured. The insured is not survived by any of the heirs in the levels outlined above. The surviving biological and/or legally adopted children of the insured are myself and those listed below. Each child must complete a Preference Beneficiary Statement.

List all biological and/or legally adopted children of the insured. If any are deceased, please provide their date of death.

- ☐ I am a parent of the insured. The insured was not survived by any of the heirs in the levels outlined above. Both parents must complete a Preference Beneficiary Statement. If one parent is deceased, please give deceased's name and date of death.

Parent 1 -

Parent 2 -

- ☐ The insured was not survived by any heirs in the levels outlined above. Benefits are payable to the estate of the insured.
- ☐ Check here if the estate has been filed with the courts and attach a copy of the Certified Letters of Administration issued by the courts.
- ☐ Check here if no estate will be probated. A small estate procedure may be an option. Qualifying amounts and procedures vary by state. Please call if you would like more information regarding this option.

****See Reverse Side****

Beneficiary Information - review certification and complete all fields, including your signature

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.

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).

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 this benefit.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Beneficiary Social Security number +	OR	Tax Identification number +
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Name of beneficiary (first, middle, last)	Beneficiary's date of birth (mo/day/yr)
Mailing address (street, city, state, zip)	Beneficiary's telephone number
Email address (optional)	Relationship to deceased

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

- ☐ **Legacy Account** - I'd like my benefits placed in a Legacy Account, an interest-bearing account that provides immediate access to my funds. As an account holder, I may transfer or withdraw all or a part of the balance at any time and at no cost. Please see disclosure for more information.
- ☐ **Check** - I'd like a paper check sent via U.S. mail.
- ☐ **Direct Deposit** - if you select this option, you must complete the following section:

Authorization for Direct Deposit

By electing this option and providing the account information below, 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 on the attached voided check or bank account verification letter, 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.


Benefits will not be deposited directly but will be sent to you via a check in any of the following situations:
a) Authorization for Direct Deposit not completed; b) a voided check or bank account verification letter is not provided; c) we are unable to process the direct deposit.

Account type <input type="checkbox"/> Savings (attach bank account verification letter) <input type="checkbox"/> Checking (attach voided check)	Bank routing/transit number	Account number
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By signing below, I attest that the information provided is true and accurate to the best of my knowledge and belief; I agree to the terms of the Legacy Account Supplemental Contract, if applicable; and I request that the Company proceed with payment of the claim pursuant to the information above.

Please review the below New York fraud statement and the attached page for a list of other state-specific fraud statements.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

SIGN HERE 	Signature of beneficiary X	Date signed (mo/day/yr)
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