

Beneficiary 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

PART 1 – DECEDENT'S INFORMATION

Name of deceased		CLAIM NUMBER
Date of birth (mo/day/yr)	Date of death (mo/day/yr)	Date last worked, if known (mo/day/yr)

PART 2 – BENEFICIARY INFORMATION (All fields must be completed in Part 2, 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. 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.

Enter your Taxpayer Identification number in the appropriate box. For individuals and sole proprietors, this is your Social Security number. For other entities including estates and trusts, it is your Tax Identification number.

Beneficiary Social Security number +	OR	Tax Identification number +
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Name of beneficiary	Relationship to deceased
Mailing address (street)	Beneficiary's date of birth
City, state, zip	Beneficiary's telephone number
Signature of beneficiary X	Date signed

- How would you like to receive the proceeds payable to you?
- Check - if you select this option, you do not need to complete Part 3.
 - Direct Deposit - if you select this option, you must complete Part 3.

PART 3 – DIRECT DEPOSIT INFORMATION (Benefits will be sent to you via a check if Part 3 is not fully completed and signed.)

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.

Account type <input type="checkbox"/> Savings (attach deposit slip) <input type="checkbox"/> Checking (attach voided check)	Bank routing/transit number	Account number
Signature of beneficiary X	Date signed	

PART 4 – NOTICE

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.