

# Beneficiary Designation

Minnesota Life Insurance Company, a Securian Financial Group affiliate  
 400 Robert Street North • St. Paul, MN 55101-2098

**MINNESOTA LIFE**

Name of employer <b>Lee County Board of Commissioners</b>	Designation applies to <input type="checkbox"/> Basic Life and AD&D <input type="checkbox"/> Optional Life <input type="checkbox"/> Both	Group policy number <b>33441</b>
Insured's name (last, first, middle initial)		Social Security number
Street address	City	State    Zip code

**PRIMARY BENEFICIARY(IES).** All of my death benefit shall be payable in equal shares (unless otherwise specified)\* to the following persons. To receive the death benefit, a beneficiary must be living at the time of the insured's death. In the event a primary beneficiary is not living at the time of the insured's death, that beneficiary's portion shall be equally distributed to the remaining surviving primary beneficiaries. In the event of the simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

PRIMARY BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO THE INSURED	SOCIAL SECURITY NUMBER	SHARE %* (must total 100%)

**CONTINGENT BENEFICIARY.** If none of the persons named as Primary Beneficiaries survives me, all of my death benefit shall be payable in equal shares (unless otherwise specified)\* to the following persons. To receive the death benefit, a contingent beneficiary must be living at the time of the insured's death. In the event a contingent beneficiary is not living at the time of the insured's death, that beneficiary's portion shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

CONTINGENT BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO THE INSURED	SOCIAL SECURITY NUMBER	SHARE %* (must total 100%)

Any previous designation of death beneficiary made by me is hereby revoked, and I reserve the power to change, modify or revoke this designation at any time by an instrument, similar in form to this one, delivered to the location stated below. I understand my request to add or change a beneficiary will take effect as of the date it is signed but will not affect any payment made or action taken before receiving this request.

Insured's Signature <b>X</b>	Date
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**PLEASE SEND THIS ENTIRE FORM TO LEE COUNTY HUMAN RESOURCES**

## Beneficiary Information

**NOTE:** If you do not name a beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below:

1. Your spouse;
2. Your children;
3. Your parents;
4. Your brothers and sisters;
5. Your estate.

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent beneficiary if you are not survived by one or more primary beneficiary(ies).
- If you name two or more beneficiaries in either the primary or contingent beneficiary class:
  1. If there is more than one beneficiary, each will receive an equal share, unless the insured has requested another method in writing.
  2. To receive the death benefit, a beneficiary must be living on the date of the insured's death. In the event a beneficiary is not living on the date of the insured's death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries unless the policy specifies otherwise.
  3. If only one beneficiary in a class survives, we will pay the total death benefit to that beneficiary.
- If a minor (a person not of legal age), or your estate, is the beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the beneficiary is a trust or trustee, the written trust must be identified in the beneficiary designation. For example, "Dorothy Q. Smith, trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents insurance, if any, is payable to you, if living, or as provided under your employer's coverage under the group policy.