

STATE OF MINNESOTA

BENEFICIARY DESIGNATION

Employee's name	Employee ID	Department
Address		Social Security number

NOTE: Indicate, by check mark (✓) in the boxes below, whether the beneficiary designation is to apply to your life insurance, your accident insurance, or both.

Life Insurance – Minnesota Life/Reliastar Life Policy No. 7166-G

Accidental Death – Minnesota Life/Reliastar Policy No. 28736-G

\$500 Paid Up

IMPORTANT

When you designate a beneficiary, you are giving instructions to the insurance company for distribution of your insurance proceeds. Be sure those instructions are clear:

1. Identify your beneficiary by full name and relationship. If your beneficiary is a married woman, use her given name — Mary C. Doe not Mrs. John Doe.
If you name a corporate beneficiary such as a church or charity give the full corporate name and address.
2. If more than one beneficiary is named, state clearly the share of each and circumstances under which each is to receive any part.

You may name any beneficiary you wish. The following samples are given as a guide.

One Beneficiary — Mary C. Doe, sister.

Two Beneficiaries — Mary and Jane Doe, daughters, equally or survivor.

Two Beneficiaries, unequal shares — Payable in 3 equal parts: 2 parts to Mary Doe, wife; 1 part to Richard Doe, son. If no beneficiary is living to receive one of the designated parts, that part shall be paid to the Insured's estate.

Primary and Contingent Beneficiary — James E. Doe, son if living; otherwise John J. Doe, grandson.

If none of the above applies or if you have any questions regarding your designation, write to: Minnesota Life Insurance Company, 400 Robert Street N, B2-3720, St. Paul, MN 55101, explaining the circumstances and the way you want the beneficiary designated. A designation form will be prepared and sent to you for your signature.

GIVEN FIRST NAME IF A MARRIED WOMAN — SEE NUMBER 1 ABOVE	
Beneficiary and Relationship to the Insured	Beneficiary's Address and Social Security #

If more than one beneficiary is designated, settlement will be made in equal shares to those who survive unless otherwise provided herein. If none survives, payment will be made in accordance with terms and provisions of the applicable group policy. "Children" used without modification includes only lawful bodily issue of the first generation and legally adopted children.

Signature	Date
X	

State Employee Mail to: Department of Employee Relations • 200 Centennial Office Bldg, 658 Cedar Sreet • St. Paul, MN 55155-1603

MINNESOTA LIFE
MINNESOTA LIFE
INSURANCE COMPANY

RELIASTAR
Reliastar Life Insurance Company

<i>FOR POLICYHOLDER USE ONLY</i>	Recorded by	Date

**Minnesota Department of Employee Relations (DOER)
Notice Regarding Collection of Private Data**

Under provisions of Minnesota Statutes, §43A.22-24, DOER is charged with administering the State Employee Group Insurance Program (SEGIP) and is also authorized to contract with carriers to service the benefit plans. Information requested on this form is needed by DOER and the carriers to designate beneficiaries for your life insurance.

1. Why DOER collects this information and how it will be used.

Information is requested on this form for one or more of the following reasons:

- for identification purposes of you and/or your beneficiaries;
- to contact you and your beneficiaries if necessary.

2. Whether you may refuse to provide the data or are legally required to supply it, and any known consequences of supplying or not supplying the data.

You are not legally required to provide any information requested on this form. However, providing the requested information will help DOER process your beneficiary designation accurately and quickly. If you do not provide critical information, it will delay the process, and we may not be able to process your request.

3. Other persons or agencies that are authorized by law to receive the data.

The information requested may be provided to: the life insurance carrier, DOER's representatives, the Legislative Auditor, any law enforcement agency or other government enforcement entity with statutory authority to gain access to the data, and anyone authorized by court order.

DOER can use or release the information only as stated in this notice unless you give your written consent to authorize release of the information to another person/entity, or if Congress or the Minnesota Legislative passes a law that authorizes or requires us to release the information or use it for a new purpose.