Retiree/Former Employee Beneficiary Designation

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company

Policyholder			Policy number	
Air Force Insurance Fund			**33373-G**	
Insured's name (last, first, middle initial)			Last four digits of Social Security number	
Street address		City	State	Zip code
Insured's date of birth	Policyowner (if different than the insured)		Policyowner's telephone number ( )	

INSTRUCTIONS:

1. Print or type in the space below, the full name, address, relationship to the insured, and share % of each beneficiary to be named. If identifying a class of beneficiaries, such as children, identify each person currently included in that class.
2. **Sign and date the completed form.**
3. Return to Human Resources.
4. Future changes made after initial retirement, send form to: AFPC/SVXHI, 2261 Hughes Ave, Suite 156, Lackland Air Force Base, TX 78236.

CHANGE BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive death proceeds. Surviving beneficiaries in any category share equally with beneficiaries in the same category unless otherwise specified. Use of the word "Children" , without modification, includes only your biological children of first generation and adopted children. For revocable designations, this signed beneficiary designation, when accepted by Minnesota Life, is the only form needed to elect or change a designation under this policy. No other documents are required.

Name beneficiaries by category. To receive death proceeds, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death proceeds will be paid as if the insured survived the beneficiary.

The same person cannot be named as a primary and a contingent beneficiary.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the proceeds

Beneficiary name(s) Address and phone number	Relationship	Share % **(for primary beneficiaries must total 100%)**

Total = 100%

CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)

Beneficiary name(s) Address and phone number	Relationship	Share % **(for contingent beneficiaries must total 100%)**

Total = 100%

SIGNATURE REQUIRED

Insured's signature (Policyowner's if different than insured)	Date
X	

Call with questions
1-800-379-2867.

EXAMPLES OF BENEFICIARY DESIGNATIONS

Example 1: If a primary beneficiary is to receive the proceeds, followed by a contingent beneficiary, if the primary beneficiary is deceased.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds		
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	100%
CONTINGENT BENEFICIARY(IES) If the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons		
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)
Nancy Jones, 5 Main Street, Anywhere, MN 45685	Sister	100%

Example 2: If more than one primary beneficiary(ies) are to receive proceeds first, followed by the contingent beneficiary(ies) if all of the primary beneficiary(ies) are deceased.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds		
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)
Mary Doe, 123 4th Street, Anywhere, MN 12345	Daughter	40%
Jim Doe, 123 4th Street, Anywhere, MN 12345	Husband	40%
Mary Smith, 45 Oak Street, Anywhere, MN 56789	Friend	20%
CONTINGENT BENEFICIARY(IES) If no primary beneficiary is living, the benefit is paid to this person or persons		
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)
Nancy Jones, 5 Main Street, Anywhere, MN 45685	Sister	50%
Jack Williams, 10 Elm Street, Anywhere, MN 58978	Brother	50%

Example 3: If the beneficiary is a formal trust.

PRIMARY BENEFICIARY(IES) The person or persons named will receive the proceeds		
Beneficiary Full Name & Address	Relationship	Share % (must total 100% for each beneficiary type)
John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement. Executed by the insured on June 1, 2008.	Trust	100%