

Florida Gulf Coast University Beneficiary Designation and Change Request

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
PO Box 14289 • Tallahassee, FL 32317-4289 • 1-888-826-2756 • Fax 1-850-878-0048

Policy number 33934	Insured	
Insured's telephone number ()	Social Security number	Date of birth

Print owner's name and address below. New address

INSTRUCTIONS:

1. Print or type in the space below, the full name, address, relationship to the employee and share % of each beneficiary to be named.
2. Sign and date the completed form and return it to Minnesota Life.
3. This designation applies to your Basic coverage as an FGCU employee; it does not apply to coverage under the State of Florida plan.
4. Call the Tallahassee Branch Office at 1-888-826-2756 with questions.

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 Full Name & Address	Relationship	Share % (for primary beneficiaries must total 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 % (for contingent beneficiaries must total 100%)

SIGNATURE

Policyowner's signature X	Date
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