

# Utah Valley University Beneficiary Designation and Change Request

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
Group Insurance Department • B2-4930 • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Policy number (please select the plan to which this change applies)

- All Employer-Paid and Employee Paid Life Insurance       Basic Life and Basic AD&D Insurance  
 Voluntary Life Insurance       Voluntary AD&D Insurance

Insured	Insured's telephone number (       )	Social Security number
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Print owner's name and address below. New address

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**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.
2. Sign and date the completed form.
3. Either return to Minnesota Life using the address above or fax to 651-665-4827.
4. Call 1-866-293-6047 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 unless otherwise specified. "Children," used without modification, includes only lawful bodily issue of first generation and legally adopted person. Any policy requiring policy endorsement is waived. This designation, when acknowledged by the Company at its Home Office, is in lieu of endorsement.

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.

<b>PRIMARY BENEFICIARY(IES)</b> (see examples on following page)		
Beneficiary Full Name & Address	Relationship	Share% (must total 100%)

<b>CONTINGENT BENEFICIARY(IES)</b>		
Beneficiary Full Name & Address	Relationship	Share% (must total 100%)

<b>SIGNATURE</b>	
Policyowner's signature <b>X</b>	Date

## EXAMPLES OF BENEFICIARY DESIGNATIONS

**Example 1: If only one person is to receive the proceeds.**

	Beneficiary Full Name & Address	Relationship	Share % (must total 100%)
Primary	Mary Doe, 123 4th Street, Anywhere, US 98765	Daughter	100%

**Example 2: If a primary beneficiary is to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiary is deceased.**

	Beneficiary Full Name & Address	Relationship	Share % (must total 100%)
Primary	Jane Doe, 123 4th Street, Anywhere, US 98765	Wife	100%
Contingent	The then living child or children born of the Insured's marriage with the said Jane Doe.		

**Example 3: If a primary beneficiary is to receive the proceeds first, followed by the contingent beneficiaries who will share funds equally if the primary beneficiary is deceased.**

	Beneficiary Full Name & Address	Relationship	Share % (must total 100%)
Primary	Jane Doe, 123 4th Street, Anywhere, US 98765	Wife	100%
Contingent	Nancy Doe, 123 4th Street, Anywhere, US 98765	Sister	50%
Contingent	Jim Doe, 123 4th Street, Anywhere, US 98765	Father	50%

**Example 4: If the primary beneficiaries receive the proceeds first, followed by the contingent beneficiary, if all primary beneficiaries are deceased.**

	Beneficiary Full Name & Address	Relationship	Share % (must total 100%)
Primary	Mary Smith, 123 4th Street, Anywhere, US 98765	Friend	75%
Primary	Beth Doe, 123 4th Street, Anywhere, US 98765	Daughter	25%
Contingent	Jack Doe, 123 4th Street, Anywhere, US 98765	Son	100%

**Example 5: If beneficiary is a formal trust.**

	Beneficiary Full Name & Address	Relationship	Share % (must total 100%)
Primary	John Doe - Trustee, his successors or successor in trust under the <b>John Doe Revocable Trust Agreement</b> . Executed by the insured on June 1, 2007.		

**DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.**