

Beneficiary Designation

MINNESOTA LIFE

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

| | | | |
|--|---|---|--|
| Employer University System of Georgia - Board of Regents | | Policy number 34277 & 34278 | |
| Insured's name (last, first, middle initial) | | Institution name | 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 |

This designation applies to (if this section is left blank, your designation will apply to all coverages):

- All coverages
 Basic Life and AD&D
 Supplemental Life and AD&D
 Voluntary AD&D

If you are designating a separate beneficiary for each coverage type, use a separate form for each coverage.

INSTRUCTIONS:

1. Print or type in the space below, the full name, address, date of birth, phone number, relationship to the insured, and share % of each beneficiary to be named.
2. **Sign and date the completed form.**
3. Return to your institution's HR/Benefits office.

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 your primary and contingent beneficiaries. 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. 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 | Date of birth | 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 Full Name & Address | Date of birth | Phone number | Relationship | Share % (for contingent beneficiaries must total 100%) |
|---------------------------------|---------------|--------------|--------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total = 100%

SIGNATURE REQUIRED

| | |
|-------------------------------------|------|
| Policyowner's signature X | Date |
|-------------------------------------|------|