

Universal Life Service Request

Minnesota Life Insurance Company, a Securian Financial Group affiliate
 400 Robert Street North • St. Paul, MN 55164-0114

MINNESOTA LIFE

Insured	Social Security number
Employer Farm Credit Foundations	Policy 50188

1. CHANGE IN PERSONAL DATA	New name	
	New street address	New city, state, zip

2. MARITAL STATUS CHANGE	<input type="checkbox"/> Discontinue payroll deduction for Spouse Coverage (Minnesota Life will bill former spouse directly). <input type="checkbox"/> Add Spouse Coverage <input type="checkbox"/> Add Child Coverage _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;"> Name Date of Birth </div>
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3. CHANGE IN EMPLOYMENT STATUS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">Termination date</td> <td style="width:20%; border: 1px solid black; padding: 2px;">Retirement date</td> <td style="padding: 2px;">DO YOU WANT TO CONTINUE YOUR PRESENT COVERAGE?</td> </tr> <tr> <td colspan="2"></td> <td style="padding: 2px;"> <input type="checkbox"/> Yes: Minnesota Life will bill you directly. <input type="checkbox"/> No: Complete Section 4. </td> </tr> </table>	Termination date	Retirement date	DO YOU WANT TO CONTINUE YOUR PRESENT COVERAGE?			<input type="checkbox"/> Yes: Minnesota Life will bill you directly. <input type="checkbox"/> No: Complete Section 4.
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		<input type="checkbox"/> Yes: Minnesota Life will bill you directly. <input type="checkbox"/> No: Complete Section 4.					

4. TERMINATION/ SURRENDER	<input type="checkbox"/> I wish to terminate my insurance effective on (date) _____. I understand that I may receive a check from Minnesota Life if my insurance has accumulated any net cash value.
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5. CASH ACCUMULATION ACCOUNT	<input type="checkbox"/> Begin payroll deduction or billing additional premiums for my cash accumulation account (minimum \$10.00 per month) Amount \$ <input style="width: 50px;" type="text"/> <input type="checkbox"/> The attached check is a lump sum premium contribution to my cash accumulation account (minimum \$100.00) \$ <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Discontinue additional premium contributions to my cash accumulation account. CHECK ONE <input type="checkbox"/> Let remaining balance continue to earn interest. <input type="checkbox"/> Remit balance to me minus surrender charges, if applicable.
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6. LOANS AND WITHDRAWALS	<p>POLICY MINIMUMS AND CHARGES APPLY</p> <input type="checkbox"/> WITHDRAWAL - complete withholding election (\$10.00 charge for each withdrawal). AMOUNT \$ <input style="width: 50px;" type="text"/> <input type="checkbox"/> LOAN - Minnesota Life does not send out loan repayment notices. \$ <input style="width: 50px;" type="text"/> <input type="checkbox"/> LOAN REPAYMENT - Please include check payable to Minnesota Life. \$ <input style="width: 50px;" type="text"/>	<p>I have read the notice of withholding on the back and:</p> <input type="checkbox"/> I do not want federal income tax withheld from my withdrawal. <input type="checkbox"/> I want federal income tax withheld from my withdrawal.
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7. BENEFICIARY CHANGE	Name (You may list more than one beneficiary. See reverse side for examples.)	Relationship to insured
	Name	Relationship to insured

8. TRANSFER OF OWNERSHIP	A transfer of ownership form will be sent to you for your signature. The following information is needed in order for us to properly prepare the transfer of ownership form.	
	Name and address of new owner	Relationship to the insured

9. CHANGE AMOUNT OF INSURANCE	Decrease total to: <input style="width: 80px;" type="text"/> Increase total to: <input style="width: 80px;" type="text"/> (according to the provisions of the policy.) An Evidence of Insurability form will be sent to you if required.
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10. SPECIAL REQUESTS	Include any special comments or requests here (continue on back if necessary).
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See reverse for instructions.
 Minnesota Life may also send you additional forms to be completed before your change request can be processed. Minnesota Life shall incur no obligation because of any of the above request(s) unless we have approved the requested change(s) in our home office.

Insured's signature X	Daytime telephone number ()	Date
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Send to: Minnesota Life, Group Universal Life – B2-4256, 400 Robert Street North, St. Paul, MN 55101-2098



INSTRUCTIONS FOR COMPLETING THE UNIVERSAL LIFE SERVICE REQUEST

Please complete the top portion.

1. Complete this section if you have had a name change or an address change.
2. Complete this section if your marital status has changed.
3. If you retire or terminate employment and wish to continue your present coverage, check yes. You will automatically be billed directly by Minnesota Life.
4. If you do not want to continue your insurance, complete this section. Any accumulated cash value less any charges will be returned to you.
5. To begin or discontinue accumulating cash value, complete this section.
6. Complete this section if you wish to take out a loan, or make a partial or total withdrawal. Please check your certificate of insurance to determine how long you must be in the plan before you can apply, the minimum amount that can be withdrawn or loaned and your withdrawal charge. Use this section if you are making a loan repayment or a lump-sum deposit. The minimum for a lump-sum deposit is \$100.00. Minnesota Life does not send out loan repayment notices.
Notice of withholding: If no election is made, 10% tax will be withheld for federal income tax from the portion of the withdrawal that is subject to federal income tax.
7. For a beneficiary change, please give full name of the beneficiary and relationship to you. If more than one beneficiary, list the percentage split for each. See examples below.
8. Use this section if you wish to transfer ownership. We will prepare the transfer form and send it to the insured for signature.
9. Use this section if you wish to change your amount of insurance. In the box for new amount desired, state total amount of insurance desired. We will send you an Evidence of Insurability form if necessary.
10. Use this box for any special requests.

SAMPLE DESIGNATIONS

If there is only one designation, you need not state Class 1. For example: Jane Doe, wife.

Class 1, Jane Doe, wife.

Class 2, The then living child or children born of the Insured's marriage with the said Jane Doe.

Class 1, Jane Doe, wife.

Class 2, John Doe, son and Judy Doe, daughter.

Class 3, The executors or administrators of the estate of the Insured.

Class 1, James Doe, husband.

Class 2, Insured's then living child or children.

Class 3, Mary Smith, mother and Joseph Smith, father.

If naming a Trust, the following information is needed:

_____, _____, Trustee, its Successors
(Full name and address)

or Successor in Trust, under a trust agreement executed by the Insured _____ .
(Date of Trust)