

Beneficiary Designation

Securian Financial Group, Inc.
 Minnesota Life Insurance Company
 Securian Life Insurance Company, a New York authorized insurer
 P.O. Box 14289 • Tallahassee, FL 32317-9804

Tallahassee Branch Office
 Phone (888) 826-2756
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Visit <http://www.lifebenefits.com/florida> to designate your beneficiary.

EMPLOYER NAME: State of Florida

POLICY NUMBER: 33503

| | |
|--|-----------------|
| Insured's name (last, first, middle initial) | People First ID |
|--|-----------------|

Address (street, city, state, zip)

| | | | |
|-------------------------|---|----------------------------|---------------|
| Insured's date of birth | Policyowner (if different than the insured) | Policyowner's phone number | Email address |
|-------------------------|---|----------------------------|---------------|

This beneficiary designation applies to all eligible coverages.

INSTRUCTIONS:

1. Clearly print or type the information below.
2. **Sign and date the completed form.**
3. Return to Tallahassee Branch Office
 P.O. Box 14289, Tallahassee, FL 32317-9804

CHANGE BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive a death benefit. 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 the underwriting company, 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 a death benefit, 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 benefit 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 benefit

| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (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 | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
|-----------------------|---------------|--------------------------|------------------------|--------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total = 100%

SIGNATURE REQUIRED

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

ACTIVE

EXAMPLES OF BENEFICIARY DESIGNATIONS

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

| PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit | | | | | |
|---|---------------|--|------------------------|--------------|---------------------------|
| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| Mary Doe | 01-01-1980 | 123 4th Street, Anywhere, MN 12345, 651-665-1234 | XXX-XX-XXXX | Daughter | 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 | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| Nancy Doe | 02-02-1980 | 5 Main Street, Anywhere, MN 45685, 651-665-2345 | XXX-XX-XXXX | Sister | 100% |
| | | | | | Total = 100% |

Example 2: If more than one primary beneficiary(ies) are to receive the benefit 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 benefit | | | | | |
|---|---------------|--|------------------------|--------------|---------------------------|
| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| Mary Doe | 03-03-1980 | 123 4th Street, Anywhere, MN 12345, 651-665-3456 | XXX-XX-XXXX | Daughter | 40% |
| Jim Doe | 04-04-1980 | 123 4th Street, Anywhere, MN 12345, 651-665-4567 | XXX-XX-XXXX | Husband | 40% |
| Mary Smith | 05-05-1980 | 45 Oak Street, Anywhere, MN 56789, 651-665-5678 | XXX-XX-XXXX | Friend | 20% |
| | | | | | 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 | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| Nancy Jones | 06-06-1980 | 5 Main Street, Anywhere, MN 45685, 651-665-6789 | XXX-XX-XXXX | Sister | 50% |
| Jack Williams | 07-07-1980 | 10 Elm Street, Anywhere, MN 58978, 651-665-7890 | XXX-XX-XXXX | Brother | 50% |
| | | | | | Total = 100% |

Example 3: If the beneficiary is a formal trust.

| PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit | | | | | |
|---|---------------|--------------------------|------------------------|--------------|---------------------------|
| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement. Executed by the insured on June 1, 2008. | | | N/A | Trust | 100% |
| | | | | | Total = 100% |