

Designation of Beneficiary University Insurance Association (UIA)

Minnesota Life Insurance Company - A Securian Company
P.O. Box 259708 • Madison, WI 53725-9708 • For Further Information Call: 608-277-8690

MINNESOTA LIFE

Be sure your insurance is paid to the beneficiary of your choice. Even if you are satisfied to have your insurance paid to the automatic beneficiaries named in your certificate, you may hasten settlement by naming a beneficiary.

Employment begin date (mm/dd/yyyy)	Coverage effective date (mm/dd/yyyy)	Social Security number
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PLEASE PRINT

Name (last, first, middle initial)	Birthdate (mm/dd/yyyy)
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Address (street, city, state, zip code)

PRIMARY BENEFICIARY(IES)

Name	Address	Relationship

If the primary beneficiary(ies) DOES NOT SURVIVE me, then to the following SECONDARY BENEFICIARY(IES)

Name	Address	Relationship

Employee signature X	Telephone number	Date (mm/dd/yyyy)
Witness signature X		Date (mm/dd/yyyy)

MAIL THIS FORM TO THE ADDRESS ABOVE