

**Transfer of Ownership
University of Wisconsin**

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

MINNESOTA LIFE

Policy/Contract Number(s):

Insured's Name:

NEW OWNER INFORMATION

Account Type Individual Trust (also submit Certification of Trustee Authority)

Name	Relationship to the insured
Date of birth or date of trust	Social Security number or tax ID
Mailing address (street, city, state, zip)	
Daytime telephone number	Email address

I, as the current owner, request that a "Transfer of Ownership" be made effective with respect to the above referenced policy/contract number(s), issued by Minnesota Life Insurance Company, on the life of the above named insured. I understand that subject to the terms and conditions of the above referenced policy/contract number, issued on the life of the above named insured, every right, privilege or benefit which I, as owner, am now entitled to or which would be available to me in the future with respect to the above numbered policy/contract is hereby transferred to and exercisable by the new owner.

Transferred by the current owner	Current owner signature X	Date
Mailing address (street, city, state, zip)		
Daytime telephone number	Email address	

Accepted by the new owner	New owner signature X	Date
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NOTE: This Transfer of Ownership does not change the beneficiary on record. If the new owner wishes to name a beneficiary, please complete a Beneficiary Designation and Change Request form.

NOTICE OF PREMIUM

As the new owner, I hereby direct that all notices of premium due on the above referenced policy/contract shall be deducted from the payroll of the employee who has signed the Payroll Deduction Authorization below.

PAYROLL DEDUCTION AUTHORIZATION (if applicable)

I understand that premiums for this insurance coverage will be deducted from my pay.

Employee name (please print)	Employee signature X
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ENDORSEMENT - For Insurance Company Use Only

This acknowledges the above "Transfer of Ownership" and direction with respect to the sending of notices and premiums due on the above referenced policy. Said "Transfer of Ownership" is hereby attached to and made a part of the above referenced policy.

Neither Minnesota Life Insurance Company nor the University of Wisconsin assumes any responsibility as to the effect, sufficiency, or validity of the above "Transfer of Ownership."

Minnesota Life Insurance Company insurance representative signature X	Date
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