

# Beneficiary Designation and Change Request

**MINNESOTA LIFE**

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

<b>UW Employees, Inc. Life Insurance Plan</b>	Policy number <b>33977</b>
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Check one of the following:

- University of Wisconsin Hospitals & Clinics     University of Wisconsin System

**Employee's name and address (notify employer of any change in address)**

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Call 1-866-293-6047  
with questions.

Employee's date of birth	Employee ID or last four digits of Social Security number
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**INSTRUCTIONS:**

1. Print or type in the space below, the full name, address, relationship to the insured, and share % of each beneficiary to be named.
2. **Sign and date the completed form.**
3. Return to Minnesota Life using the address above or fax to 651-665-4827.

**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 beneficiaries by category. 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 within that category. 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	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	Relationship	Share % (for contingent beneficiaries must total 100%)

**Total = 100%**

**SIGNATURE REQUIRED**

Employee's signature <b>X</b>	Date
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