

## Beneficiary Designation



### Securian Financial Group, Inc.

Securian Life Insurance Company • Minnesota Life Insurance Company  
Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098  
Fax 651-665-4827

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### INSTRUCTIONS:

1. Clearly print or type the information.
2. Sign and date the completed form.
3. Return to Securian at address above.

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### GENERAL BENEFICIARY INFORMATION:

- Completing this Beneficiary Designation form will revoke all current beneficiary designations.
- The same person(s) cannot be named as both a primary and contingent beneficiary.
- If you need more space, attach an additional sheet of paper with all of the information required. Be sure to sign and date this additional information page.
- To receive a death benefit, a beneficiary must survive the insured. If the named beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category.
- When the completed beneficiary form has been accepted, you will be mailed a confirmation.
- **Primary Beneficiary:** This is the individual(s), trust, charity, or estate that you want to receive the insurance benefit. You can divide the insurance proceeds between primary beneficiaries. The total shares must equal 100%.
- **Contingent Beneficiary:** If all the primary beneficiary(ies) are no longer living, eligible, or able to receive the benefits, it will be paid to the contingent beneficiary(ies) designated. You can divide the insurance proceeds between your named contingent beneficiaries. The total shares must equal 100%.
- **Naming Minor Children:** You may name your children (by name) directly, or to a trust. Minors cannot directly receive life insurance proceeds; however, they may be paid to a court-appointed guardian or held until the minor child is legal age.
- **Trust:** Provide the trust name, effective date and tax ID or Social Security number (if applicable) - i.e., "John Smith Trust dated 01/01/20xx."
- **Charity:** Provide the full name, address, tax ID number.

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CONTINUE ON TO NEXT PAGE

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|  |   |                               |
|--|---|-------------------------------|
| Employer name<br><b>Hawaii EUTF</b>          |   | Policy number<br><b>34606</b> |
| Insured's name (first, middle initial, last) |   | ID (or last four of SSN)      |
| Address (street, city, state, zip)           |   | Email address                 |
| Insured's date of birth                      | Policyowner (if different than insured) | Policyowner's phone number    |

**This designation applies to all coverages.**

**PRIMARY BENEFICIARY(IES)** - The person or persons named will receive the benefit.

|                                    |                          |                         |         |
|------------------------------------|--------------------------|-------------------------|---------|
| Beneficiary full name/trust name   | Date of birth/trust date | Tax ID (SSN or EIN)     | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |
| Beneficiary full name              | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |
| Beneficiary full name              | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |
| Beneficiary full name              | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |
| Beneficiary full name              | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |
| Beneficiary full name              | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |

**Total Primary Shares Must Equal 100%**

**CONTINGENT BENEFICIARY(IES)** - Receives a benefit ONLY if all primary beneficiaries are no longer living.

|                                    |                          |                         |         |
|------------------------------------|--------------------------|-------------------------|---------|
| Beneficiary full name/trust name   | Date of birth/trust date | Tax ID (SSN or EIN)     | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |
| Beneficiary full name              | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |
| Beneficiary full name              | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |
| Beneficiary full name              | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) |                          | Relationship to insured |         |

**Total Contingent Shares Must Equal 100%**

**SIGNATURE REQUIRED** - This beneficiary revokes all prior designations.

|                                     |      |
|-------------------------------------|------|
| Policyowner's signature<br><b>X</b> | Date |
|-------------------------------------|------|

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer.