

Group Universal Life Service Request

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 400 Robert Street North • B2-4256 • St. Paul, Minnesota 55101-2098

Insured (please print)	Owner (if different than insured)	Contract # or last 4 digits of your SSN
Employer/previous employer State of Delaware	Policy number 50166	

1. CHANGE IN PERSONAL DATA

New name (please print)

New street address

New city, state, zip

2. CHANGE OF INSURANCE INFORMATION

I wish to:

change my face amount to: \$ _____ or _____ x Salary (Please see certificate of insurance for limits. If increasing, you may need to complete an Evidence of Insurability form.)

This is due to a family status change.* Date of change: _____

discontinue child rider

add child rider in the amount of: \$10,000 (You may need to complete an Evidence of Insurability form.)

This is due to a family status change.* Date of change: _____

Child's name	Date of birth	Child's name	Date of birth
Child's name	Date of birth	Child's name	Date of birth

discontinue spouse rider

add spouse rider in the amount of: \$10,000 (You may need to complete an Evidence of Insurability form.)

add spouse rider in the amount of: \$20,000 (You may need to complete an Evidence of Insurability form.)

This is due to a family status change.* Date of change: _____

Spouse's name	Date of birth	Date of marriage
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*A qualifying Family Status Change may include but is not limited to marriage, divorce, or the birth/adoption of a child. Please refer to your certificate of insurance for the family status change definition specific to your policy.

3. CASH ACCUMULATION ACCOUNT

Additional contributions may be subject to a premium expense charge. Please see certificate of insurance.

<input type="checkbox"/> Begin/change payroll deduction or billing additional premiums for my cash accumulation account to \$ _____. (Minimum amount is \$10.00 per month). <input type="checkbox"/> The attached check is a lump sum premium contribution to my cash accumulation account in the amount of \$ _____. (Minimum amount is \$100.00).	<input type="checkbox"/> Discontinue additional premium contributions to my cash accumulation account. Check one <input type="checkbox"/> Let remaining balance continue to earn interest. <input type="checkbox"/> Remit balance to me minus any applicable charges.
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4. WITHDRAWALS (PARTIAL SURRENDERS) AND LOANS

Complete this section if you wish to make a partial withdrawal, a total withdrawal, or take out a loan.
Notice of withholding: If no election is made, a percentage of tax will be withheld for federal income tax from the portion of the withdrawal that is subject to federal income tax. The IRS requires Minnesota Life to withhold a percentage of any gain, regardless of the withholding election, if the owner's address is outside the United States or if a correct Social Security number is not on file.

I **do** **do not** want federal income tax withheld if any cash distribution from my policy results in a taxable gain.

Withdrawal from the net cash accumulation. (Minimum withdrawal is \$100.00. \$10.00 charge for each withdrawal.)
 Maximum allowed Specific amount \$ _____

Loan from the net cash accumulation. Minnesota Life does not send out loan repayment notices. (Minimum loan is \$100.00.)
 Maximum allowed Specific amount \$ _____

Loan repayment \$ _____ Please include check payable to Minnesota Life. (Minimum repayment amount is \$100.00, unless remaining balance is less than \$100.00.)

5. CHANGE IN EMPLOYMENT STATUS

I have terminated retired from my employer effective _____ and wish to continue paying Minnesota Life directly for my insurance. Please allow up to one month from your termination or retirement date to receive direct billing from Minnesota Life to continue your coverage.

6. CANCEL/FULL SURRENDER

I wish to cancel my insurance. I understand that premium is due through the end of the month in which Minnesota Life receives my signed request to cancel, and that I may receive a check from Minnesota Life if my insurance has accumulated any net cash value.

Notice of withholding: If no election is made, a percentage of tax will be withheld for federal income tax from the portion of the withdrawal that is subject to federal income tax. The IRS requires Minnesota Life to withhold a percentage of any gain, regardless of the withholding election, if the owner's address is outside the United States or if a correct Social Security number is not on file.

I **do** **do not** want federal income tax withheld if any cash distribution from my policy results in a taxable gain.

7. CHANGE OF BENEFICIARY (revoking any previous designation)

Primary beneficiary(ies) designation (include full name and address)	Relationship	Share % (total for primary beneficiaries must equal 100%)
Contingent beneficiary(ies) designation (include full name and address) <i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i>	Relationship	Share % (total for contingent beneficiaries must equal 100%)

8. SPECIAL REQUESTS

Include any comments or special requests here.

Minnesota Life may send you additional forms for completion before your change request is processed. Minnesota Life shall incur no obligation because of any of the above request(s) unless we have confirmed the requested change(s) in writing.

Note: An irrevocable beneficiary's signature is required if this type of beneficiary is currently designated on the contract.

Owner's signature (insured's signature, if the contract is not owned) X	Daytime telephone number	Date
Irrevocable beneficiary's signature (if applicable) X	Daytime telephone number	Date

Send to: Minnesota Life
Group Universal Life - B2-4256
400 Robert Street North
St. Paul, MN 55101-2098
or fax to: 651-665-4827



Questions? Please call
1-877-215-1489
Locally **651-665-3332**
Fax **651-665-4827**

