Beneficiary Designation

Securian Financial Group, Inc.
Minnesota Life Insurance Company
Securian Life Insurance Company, a New York authorized insurer
400 Robert Street North • St. Paul, Minnesota 55101-2098



EMPLOYER NAME: S	3helby Co	unty BOE - SCS Retirees	POLICY NUMBER: 34548				
Insured's name (last, first	, middle initi	al)	Last four digits of Social Security number				
Address (street, city, stat	e, zlp)						
Insured's date of birth	Policyowne	r (If different than the insured)	Policyowner's phone number		Email address		
This beneficiary desig	nation apr	olies to Retiree Basic Life co	verage only.				
INSTRUCTIONS:							
Clearly print or type Sign and date the c Return to Shelby Co	completed		lollywood St., Rm 10	8, Memphis, T	N 38112.		
CHANGE BENEFICIARY	Y REVOKIN	G ALL PRIOR DESIGNATIONS	S		-		
death benefit. Survivion otherwise specified. generation and adopt underwriting company are required.	ing benefic Use of the ted childrer y, is the on	eficiary(ies) determines the ciaries in any category share word "Children", without men. For revocable designation by form needed to elect or cl	e equally with benef lodification, include ns, this signed bene hange a designatior	iciaries in the s only your bid ificiary design n under this po	same category of the category of the category attention, when accollicy. No other d	unless of first epted by the documents	
beneficiary does not a beneficiaries within the will be paid as if the i	survive the hat categor insured sur	. To receive a death benefit insured, that beneficiary's pry. In the event of simultane vived the beneficiary. In the beneficiary.	portion shall be equ eous death of the ins	ally distribute sured and a be	d to the remainir	ng	
PRIMARY BENEFICIAR	Y(ĮĘS) - Th	e person or persons named will	receive the benefit				
Beneficiary Full Name	Date of Birth Address and Phor			Social Securit Number	y Relationship	Share % (must total 100%)	
						Total = 100%	
CONTINGENT BENEFI		- If the primary beneficiary(ies	s) is no longer living, ti				
Beneficiary Full Name	Date of Birth	Address and Phor	ne Number	Social Securi Number	Relationship	Share % (must total 100%)	
	-	·					
						Total = 100%	
SIGNATURE REQUIRE	'n		er en	ere ereseg i filosofi e	<u> </u>	10tai - 1007	
Policyowner's signatur		<u> </u>		D	ate		

EXAMPLES OF BENEFICIARY DESIGNATIONS

Example 1: If a primary beneficiary is to receive the benefit, followed by a contingent beneficiary, if the primary beneficiary is deceased.

Beneficiary Full Name Birth Address and Phone Number Number Helationship total 1	RIMARY BENEFICIARY(IES) - The perso	n or persons named will receive the benefit			
Total = CONTINGENT BENEFICIARY((ES)-If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s) Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Relationship Number Social Security Self-or Continuation Social Security Self-or Sel	Beneficiary Fuli Name		Address and Phone Number		Relationship	Share % (must total 100%)
Beneficiary Full Name Date of Birth Address and Phone Number Social Security Security Security Beneficiary (ies) if all of the primary beneficiary (ies) are to receive the benefit first, followed by the continue beneficiary (ies) if all of the primary beneficiary (ies) are deceased. PRIMARY BENEFICIARY (ies) - The person or persons named will receive the benefit Social Security Number Social Security Number	Mary Doe	01-01-1980	123 4th Street, Anywhere, MN 12345, 651-665-1234	xxx-xx-xxxx	Daughter	100%
Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Share of total 1		I				Total = 100%
Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Share e total for the primary beneficiary (les) are to receive the benefit first, followed by the continumber Social Security Sister 100 Example 2: If more than one primary beneficiary (les) are to receive the benefit first, followed by the continumber Social Security Social Security	ONTINGENT BENEFICIARY	((IES) - If the	primary beneficiary(ies) is no longer living, the l	oenefit is paid to	this person(s)	
Total : Example 2: If more than one primary beneficiary(ies) are to receive the benefit first, followed by the conting beneficiary(ies) if all of the primary beneficiary(ies) are deceased. PRIMARY BENEFICIARY(ies) - The person or persons named will receive the benefit Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number		Date of		Social Security		Share % (must total 100%)
Example 2: If more than one primary beneficiary(ies) are to receive the benefit first, followed by the continue beneficiary(ies) if all of the primary beneficiary(ies) are deceased. PRIMARY BENEFICIARY(ies) - The person or persons named will receive the benefit Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Number Social Security Number Nu	Nancy Doe	02-02-1980	5 Main Street, Anywhere, MN 45685, 651-665-2945	xxx-xx-xxxx	Sister	100%
Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Share 1 total	beneficiar	y(ies) if al	l of the primary beneficiary(les) are dece	enefit first, fol eased.	lowed by the	contingent
Beneficiary Full Name Birth Address and Phone Number Number Number Lotal - Number Number Lotal - Number Number Number Lotal - Number Number Number Lotal - Number N	RIMARY BENEFICIARY (IES	r	on or persons named will receive the belletit	Carlal Caramita		Chara et /mirat
Jim Doe 04-04-1980 123 4th Street, Anywhere, MN 12345, 651-665-4567 XXX-XX-XXXX Husband 40 Mary Smith 05-05-1980 45 Oak Street, Anywhere, MN 56789, 651-665-5678 XXX-XX-XXXX Friend 20 Total : CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s) Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Relationship Nancy Jones 06-06-1980 5 Main Street, Anywhere, MN 45685, 651-665-6789 XXX-XX-XXXX Sister 50 Jack Williams 07-07-1980 10 Elm Street, Anywhere, MN 58978, 651-665-7890 XXX-XX-XXXX Brother 50 Total : Example 3: If the beneficiary is a formal trust. PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit Social Security Relationship Shares.	Beneficiary Full Name	1	Address and Phone Number		Relationship	Share % (must . total 100%)
Mary Smith 05-05-1980 45 Oak Street, Anywhere, MN 56789, 651-665-5678 XXX-XXXXX Friend 20 Total 30 CONTINGENT BENEFICIARY (IES) - If the primary beneficiary (ies) is no longer living, the benefit is paid to this person(s) Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Relationship Nancy Jones 06-06-1980 5 Main Street, Anywhere, MN 45685, 651-665-6789 XXX-XX-XXXX Sister 50 Jack Williams 07-07-1980 10 Elm Street, Anywhere, MN 58978, 651-665-7890 XXX-XX-XXXX Brother 50 Example 3: If the beneficiary is a formal trust. PRIMARY BENEFICIARY (IES) - The person or persons named will receive the benefit Date of Address and Phone Number Social Security Relationship Share 4	Mary Doe	03-03-1980	123 4th Street, Anywhere, MN 12345, 651-665-3456	XXX-XX-XXXX	Daughter	40%
Total : CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s) Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number total : Nancy Jones 06-06-1980 5 Main Street, Anywhere, MN 45685, 651-665-6789 XXX-XX-XXXX Sister 50 Jack Williams 07-07-1980 10 Elm Street, Anywhere, MN 58978, 651-665-7890 XXX-XX-XXXX Brother 50 Example 3: If the beneficiary is a formal trust. PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit Address and Phone Number Social Security Relationship Share of Address and Phone Number Social Security Relationship Share of Address and Phone Number Social Security Relationship Share of Address and Phone Number Social Security Relationship Share of Address and Phone Number Social Security Relationship Share of Address and Phone Number Social Security Relationship Share of Social Security Rela	Jim Doe	04-04-1980	123 4th Street, Anywhere, MN 12345, 651-665-4567	xxx-xx-xxxx	Husband	40%
Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Relationship Share Social Security Number Social Security Social Security Social Security Social Security Social Security Social Security Share Social Security Social Security Share Share Social Security Share Share Social Security Share Share Social Security Share S	Mary Smith	05-05-1980	45 Oak Street, Anywhere, MN 56789, 651-665-5678	XXX-XX-XXXX	Friend	.20%
Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Relationship Share Stotal Nancy Jones 06-06-1980 5 Main Street, Anywhere, MN 45685, 651-665-6789 XXX-XX-XXXX Sister 50 Jack Williams 07-07-1980 10 Elm Street, Anywhere, MN 58978, 651-665-7890 XXX-XX-XXXX Brother 50 Total Sexample 3: If the beneficiary is a formal trust. PRIMARY BENEFICIARY (IES) - The person or persons named will receive the benefit Social Security Relationship Share State of Phone Number		***				Total = 100%
Beneficiary Full Name Date of Birth Address and Phone Number Social Security Number Relationship Share Stotal Nancy Jones 06-06-1980 5 Main Street, Anywhere, MN 45685, 651-665-6789 XXX-XX-XXXX Sister 50 Jack Williams 07-07-1980 10 Elm Street, Anywhere, MN 58978, 651-665-7890 XXX-XX-XXXX Brother 50 Total Sexample 3: If the beneficiary is a formal trust. PRIMARY BENEFICIARY (IES) - The person or persons named will receive the benefit Social Security Relationship Share State of Phone Number	ONTINGENT BENEFICIAR	Y(IES) - If the	primary beneficiary(ies) is no longer living, the	benefit is paid to	this person(s)	
Jack Williams 07-07-1980 10 Elm Street, Anywhere, MN 58978, 651-665-7890 XXX-XX-XXXX Brother 50 Total 50 Example 3: If the beneficiary is a formal trust. PRIMARY BENEFICIARY (IES) - The person or persons named will receive the benefit Beneficiary Evil Nome Date of Address and Phone Number Social Security Relationship		Date of		Social Security		Share % (must total 100%)
Example 3: If the beneficiary is a formal trust. PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit Reneficiary Full Name Date of Address and Phone Number Social Security Relationship	Nancy Jones	06-06-1980	5 Main Street, Anywhere, MN 45685, 651-665-6789	xxx-xx-xxxx	- Sister	50%
PRIMARY BENEFICIARY (IES) - The person or persons named will receive the benefit Date of Address and Phone Number Social Security Relationship Share's	Jack Williams	07-07-1980	10 Elm Street, Anywhere, MN 58978, 651-665-7890	xxx-xx-xxxx	Brother	50%
Paneficiary Full Name Date of Address and Phone Number Social Security Relationship Share's	Example 3: If the bene	ficlary is	a formal trust.			Total = 100%
Paneticiary Full Name Date of Address and Phone Number Social Security Relationship Share's	RIMARY BENEFICIARY(IES) - The pers	on or persons named will receive the benefit			
DI(I) Teamber total	Beneficiary Full Name	7		Social Security Number	Relationship	Share % (must total 100%)
John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust N/A Trust 10 Agreement. Executed by the insured on June 1, 2008.	ohn Doe - Trustee, his succ agreement. Executed by the in	essors or sur sured on Jun	ocessor in trust under the John Doe Revocable Trust e 1, 2008.	N/A	Trust -	100%

Total = 100%