

# Beneficiary Designation

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

**MINNESOTA LIFE**

**EMPLOYER NAME: Northern Arizona Public Employees Benefit Trust**

**POLICY NUMBER: 33585**

Please check the appropriate box:

- Coconino County                       Coconino County Accommodation School District     Coconino Community College  
 Flagstaff Housing Authority         Flagstaff Unified School District  
 Northern Arizona Intergovernmental Public Transportation Authority (NAIPTA)     The City of Flagstaff

Insured's name (last, first, middle initial)		Social Security number	
Street address	City	State	Zip code

**PRIMARY BENEFICIARY(IES).** All of my death benefit shall be payable in equal shares (unless otherwise specified)\* to the following persons. To receive the death benefit, a beneficiary must be living at the time of the insured's death. In the event a primary beneficiary is not living at the time of the insured's death, that beneficiary's portion shall be equally distributed to the remaining surviving primary beneficiaries. In the event of the simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

PRIMARY BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO THE INSURED	SHARE %* (must total 100%)

**CONTINGENT BENEFICIARY.** If none of the persons named as Primary Beneficiaries survives me, all of my death benefit shall be payable in equal shares (unless otherwise specified)\* to the following persons. To receive the death benefit, a contingent beneficiary must be living at the time of the insured's death. In the event a contingent beneficiary is not living at the time of the insured's death, that beneficiary's portion shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

CONTINGENT BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO THE INSURED	SHARE %* (must total 100%)

Any previous designation of death beneficiary made by me is hereby revoked, and I reserve the power to change, modify or revoke this designation at any time by an instrument, similar in form to this one, delivered to and accepted by Minnesota Life. I understand my request to add or change a beneficiary will take effect as of the date it is signed but will not affect any payment made or action taken before receiving this request.

Insured's signature <b>X</b>	Date
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**PLEASE SEND COMPLETED FORM TO YOUR LOCAL HUMAN RESOURCES DEPARTMENT**

## EXAMPLES OF BENEFICIARY DESIGNATIONS

- If there is only one person designated, you need not designate a contingent. For example: Jane Doe, wife.
- If naming a Formal Trust, the following information is needed:

Full Name of Trustee	Address (if Institution)
Name of Trust	Date of Trust

### Example 1: If only one person is to receive the proceeds

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Doe 123 4th Street Somewhere US 98765	Daughter	100%

### Example 2: If a primary beneficiary is to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiary is deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe 123 4th Street Somewhere US 98765	Wife	100%
Contingent	The then living child or children born of the Insured's marriage with the said Jane Doe.		

### Example 3: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds equally, if the primary beneficiary is deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe 123 4th Street Somewhere US 98765	Wife	100%
Contingent	Nancy Doe 123 4th Street Somewhere US 98765	Sister	50%
Contingent	Jim Doe 123 4th Street Somewhere US 98765	Father	50%

### Example 4: The primary beneficiaries receive the proceeds first, followed by the contingent beneficiary, if all primary beneficiaries are deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Doe 123 4th Street Somewhere US 98765	Friend	75%
Primary	Beth Doe 123 4th Street Somewhere US 98765	Daughter	25%
Contingent	Jack Doe 123 4th Street Somewhere US 98765	Son	100%

### Example 5: If beneficiary is a formal trust.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	John Doe-Trustee, his successors or successor in trust under the <b>John Doe Revocable Trust Agreement</b> . Executed by the insured on June 1, 1991.		

**DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.**