

Beneficiary Designation and Change Request

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

MINNESOTA LIFE

Name of employer The School District of Lee County		Group policy number 33327	
Employee name (last, first, middle initial)	Social Security number	Date of birth	
Street address	City	State	Zip code
School/department name			

PRIMARY BENEFICIARY(IES). Death benefits will be paid 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.

Primary Beneficiary Name & Address	Relationship to the Insured	Share % *

CONTINGENT BENEFICIARY(IES). If none of the persons named as Primary Beneficiary (ies) survives the insured, all death benefits 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.

Contingent Beneficiary Name & Address	Relationship to the Insured	Share % *

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 X	Date
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SEND ENTIRE FORM TO: The School District of Lee County
 Insurance and Benefits Management
 2855 Colonial Blvd
 Fort Myers, FL 33966-1012

FOR DISTRICT USE ONLY

Recorded by	Date
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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	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	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	Wife	100%
Contingent	Nancy Doe	Sister	50%
Contingent	Jim Doe	Father	50%

Example 4: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds according to a specific split, if the primary beneficiary is deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Smith	Friend	100%
Contingent	Beth Doe	Daughter	75%
Contingent	Jack Doe	Son	25%

Example 5: If beneficiary is a formal trust.

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

DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.