



Beneficiary Designation Instructions

Personally identifiable information such as your Social Security number, date of birth, etc., will not be used for any purpose other than for the administration of the State of Illinois Group Life Insurance Program life insurance benefits.

WHO COMPLETES A BENEFICIARY DESIGNATION

If you are a member of the State of Illinois: a state employee, retiree or certified survivor, you may file a *Beneficiary Designation*. **If no *Beneficiary Designation* is on file, group life insurance benefits will be paid according to the statutory standard sequence in effect on the date of death as explained in the State of Illinois Group Life Insurance Program Booklet.**

Naming standard sequence. If you do not name a beneficiary, we will pay the death benefit according to the standard sequence: 1) your lawful spouse, if living; otherwise 2) your natural or legally adopted child (children) in equal shares, if living; otherwise 3) your parents in equal shares, if living; otherwise 4) your brothers and sisters in equal shares, if living; otherwise 5) the personal representative of your estate. While this may be acceptable to you, please note that it could delay settlement due to issues in attempting to locate and identify family members.

COMPLETING A BENEFICIARY DESIGNATION

Objective. Our objective is to ensure prompt payment of any death benefits available upon your death, as specified by you on the *Beneficiary Designation* form.

Top of form. Your name, address, Social Security number, birth date and telephone number should be typed or printed in ink (not pencil) at the top of the *Beneficiary Designation* form.

Sign and date. After designating a beneficiary or beneficiaries, sign and date the designation at the bottom of the form. Unsigned and/or undated forms will be rejected and returned to you. The form must be dated as of the date signed; forms dated with a future date will be rejected.

Guardian/Conservators. A legal guardian or conservator of the estate may sign a *Beneficiary Designation* form on behalf of a participant. **The guardian or conservator must also submit a copy of the order of guardianship or conservatorship.**

Power of Attorney: A person with Power of Attorney may sign a *Beneficiary Designation* form on behalf of a participant. **They must also submit a copy of the Power of Attorney papers, and the papers must specifically state that the person with Power of Attorney has the right to name and/or change the beneficiaries for the participant.**

Payment progression. Your death benefits will be paid first to your Primary beneficiaries. If some of your Primary beneficiaries die before you, your death benefit will be divided among those Primary Beneficiaries who are still living. Secondary beneficiaries will receive benefits only if no Primary beneficiary survives you.

Questions. If you have questions about this form, please contact Minnesota Life Insurance Company by calling our toll free number 1-888-202-5525.

PLEASE MAIL THE FORM TO MINNESOTA LIFE INSURANCE COMPANY, 1 NORTH OLD CAPITOL PLAZA, SUITE 305, SPRINGFIELD, ILLINOIS 62701. (Only forms with original signatures will be accepted. Facsimiles are not acceptable.)

OPTIONS AVAILABLE FOR DESIGNATING A BENEFICIARY

Equal shares unless otherwise specified. If you name two or more persons as beneficiaries in one category (Primary or Secondary), payment will be made in equal shares to the beneficiaries in that category unless you specify percentages for different beneficiaries. If you specify percentages to be paid to beneficiaries in a category, the percentages in each category must total **100%**. If you choose to designate specific percentages, please write the percentage next to each name.

Per Stirpes distribution. Per stirpes means that the deceased person's issue or lineal descendants take the share of the insurance proceeds that the deceased would have taken had he or she survived. If you wish to specify who shall receive a Primary beneficiary's share if a Primary beneficiary is deceased, (i.e., their children), write "**Per Stirpes**" next to the beneficiary's name. Do not specifically name the descendants.

Naming your estate. If you designate your estate, the distribution of the insurance proceeds will be determined by your will, or Illinois' intestacy laws, if you leave no will. You may want to discuss any possible implications of naming your estate as beneficiary with your attorney or a legal advisor.

If you want to name your estate as beneficiary, simply write the word "**Estate**" on the *Beneficiary Designation* form. Do not include the name of your personal representative or the executor. The benefit will be made payable to your Estate. It will be the responsibility of your executor to distribute the proceeds as outlined in your will.

Naming a trust. You can name a **living trust** or a **testamentary trust** as your beneficiary.

- **Living Trust.** A living trust can be set up at a bank or other financial institution. The implications of setting up a living trust, including the tax consequences, should be discussed with the representatives of the institution where you are setting up the trust.

To name a living trust, you must include the following: 1) the specific name of the trust, 2) the date the trust was created, 3) the name of the trustee, followed by the word "trustee", and 4) the trustee's address.

We recommend that a successor trustee other than yourself be included in your designation of a living trust. Upon your death the successor trustee will be contacted about the death benefits payable.

As an example: **John Doe, as Trustee under the written Trust Agreement dated 01/02/2000; Jane Doe, successor Trustee, 123 Main St., Anytown, IL 65432**

- **Testamentary trust.** A testamentary trust does not come into existence until you die and any preconditions established by your will are met. Usually a will must be probated before a death benefit can be paid to a testamentary trust. You should take this fact into consideration if you decided to name a testamentary trust.

A testamentary trust must include the following: 1) the specific name of the trust, and 2) "created under my last Will and Testament".

As an example: **The Doe Family Trust created in my last Will and Testament**



REFER TO INSTRUCTIONS ON PREVIOUS PAGES

TYPE OR PRINT IN INK

MEMBER'S INFORMATION

First name	Middle initial	Last name	Social Security number
Street address			Date of birth
City	State	Zip code	Weekday telephone number

Any benefits payable by the Group Life Insurance Program at my death shall be paid in EQUAL SHARES, unless otherwise specified, to the following Primary beneficiary(ies) who survive me.

P R I M A R Y	Beneficiary name (last, first, middle)	Address Street	Relationship
	Social Security number (optional)	City, state, zip code	Birthdate (mo/day/year)

If all of the aforesaid Primary beneficiary(ies) die prior to my death, the benefit shall be paid in EQUAL SHARES, unless otherwise specified, to the following Secondary beneficiary(ies) who survive me, if any.

S E C O N D A R Y	Beneficiary name (last, first, middle)	Address Street	Relationship
	Social Security number (optional)	City, state, zip code	Birthdate (mo/day/year)

I hereby designate the above named beneficiary(ies). I reserve the right, without consent of the beneficiary, to further change the beneficiary subject to any statutory restrictions. The above designation supersedes all prior designations of beneficiaries I have made.

Member's signature X	Date
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Form must be signed and filed with Minnesota Life Insurance Company to validate designation.

SEND FORM TO: Minnesota Life Insurance Company
1 North Old Capitol Plaza, Suite 305
Springfield, IL 62701