

Beneficiary Designation and Change Request

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 Group Insurance Department • B2-2012 • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Visit www.LifeBenefits.com/plandesign/Sodexo if you'd like to designate your beneficiary online.

Employer Sodexo	Policy number 33864 & 33865
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This designation applies to (If this section is left blank, your designation will apply to all coverages.):

- All coverages
 Free Basic Life coverage only
 Group Term Life coverage only
 Voluntary Accidental Death & Dismemberment coverage only
 Business Travel Accident coverage only (Salaried employees)

If you are designating a separate beneficiary for each coverage type, use a separate form for each coverage.

Policyowner name and address (notify employer of any change in address)

A policyowner is the individual or entity (i.e. trust) that has exclusive ownership rights to a life insurance policy. Unless ownership has been transferred, the employee is the policyowner of all coverages.

Employee name	Employee ID or last 4 digits of Social Security number
Employee date of birth	Policyowner (if different than the employee)
	Policyowner telephone number ()

INSTRUCTIONS:

1. Print or type in the space below, the full name, address, relationship to the insured, and share % of each beneficiary to be named.
2. **Sign and date the completed form.**
3. Return to Minnesota Life using the address above or fax to 651-665-4827.
4. Call 1-877-282-1936 with questions.

CHANGE BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive death proceeds. Surviving beneficiaries in any category share equally with beneficiaries in the same category unless otherwise specified. Use of the word " Children" , without modification, includes only your biological children of first generation and adopted children. For revocable designations, this signed beneficiary designation, when accepted by Minnesota Life, is the only form needed to elect or change a designation under this policy. No other documents are required.

Name beneficiaries by category. To receive death proceeds, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death proceeds will be paid as if the insured survived the beneficiary. The same person cannot be named as a primary and a contingent beneficiary.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the proceeds

Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)

CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons

Beneficiary Full Name & Address	Relationship	Share % (for contingent beneficiaries must total 100%)

SIGNATURE

Policyowner's signature X	Date
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