

**Fidelity Investments  
Variable Group Universal Life Service Request**

**MINNESOTA LIFE**

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

Insured (please print)		Owner (if different than insured)	
Policy number <b>55029</b>	Employee ID or last 4 digits of your SSN	Contract number	

**REQUEST TYPE**

**COMPLETE SECTIONS**

I wish to:

- change my address and/or name ..... 1 and 14
- change my insurance elections ..... 2 and 14
- continue coverage on my own due to termination/retirement..... 3 and 14
- cancel (fully surrender) my policy..... 4, 11 and 14
- begin/make changes to cash value contribution..... 5, 12 and 14
- make a lump sum contribution to cash value..... 5, 12 and 14
- make a withdrawal (partial surrender) of cash value..... 6, 11 and 14
- take a loan or make a loan repayment ..... 6, 11 and 14
- change my net premium allocation or investment options ..... 7, 12 and 14
- transfer funds ..... 8 and 14
- systematically transfer funds (dollar cost averaging)..... 9 and 14
- change my beneficiary..... 10 and 14
- special requests..... 13 and 14

**1. CHANGE IN PERSONAL DATA**

New name (please print) \_\_\_\_\_

New street address	New city, state, zip code
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**2. CHANGE OF INSURANCE INFORMATION**

I wish to:

- change my supplemental face amount to: \$ \_\_\_\_\_ or \_\_\_\_\_ x Salary (Maximum is 15 x salary up to \$3,000,000 total coverage. If increasing, you may need to complete an Evidence of Insurability form.)
- This is due to a family status change.\* Date of change: \_\_\_\_\_

\*A qualifying Family Status Change may include but is not limited to marriage, divorce, or the birth/adoption of a child. Please refer to your certificate of insurance for the family status change definition specific to your policy.

**3. CHANGE IN EMPLOYMENT STATUS**

I have  terminated  retired from my employer effective \_\_\_\_\_ and wish to continue paying Minnesota Life directly for my insurance. (Please allow up to one month from your termination or retirement date to receive direct billing from Minnesota Life to continue your coverage.)

**4. CANCEL/FULL SURRENDER**

I understand that premium is due through the end of the month in which Minnesota Life receives my signed request to cancel.

- I wish to surrender supplemental coverage only. (Company reimbursed coverage will remain in effect.)
- I wish to fully surrender. (Cancel all coverage, including company reimbursed coverage.)

**5. CASH VALUE CONTRIBUTION**

Change my additional cash value contribution to: \$ \_\_\_\_\_ per payroll deduction or bill.  
(Minimum amount is \$10.00 per month)

The attached check is a lump sum premium contribution to my cash value account in the amount of \$ \_\_\_\_\_.  
Please enclose check, payable to Minnesota Life. (The minimum amount is \$100.00.)

**6. WITHDRAWALS (PARTIAL SURRENDERS) AND LOANS**

Complete this section if you wish to make a partial withdrawal, a total withdrawal, or take out a loan.

Policy minimums and charges may apply, as noted in your certificate of insurance.

I wish to:

take a partial withdrawal of my account value in the amount of \$ \_\_\_\_\_ from the subaccount(s) indicated below. (The minimum withdrawal amount is \$100.00)

take a maximum withdrawal of my account value.

take a loan in the amount of \$ \_\_\_\_\_ from the subaccount(s) indicated below. (The minimum loan amount is \$100.00)

make a loan repayment in the amount of \$ \_\_\_\_\_. (The minimum repayment amount is \$100.00, unless the remaining balance is less than \$100.00. The repayment will be allocated 100% to the Guaranteed Account.)

- |  |  |  |
|--|--|--|
| \$ ____ VIP Asset Manager              | \$ ____ VIP FundsManager 20% Portfolio   | \$ ____ VIP Growth Stock                       |
| \$ ____ VIP Asset Manager: Growth      | \$ ____ VIP FundsManager 50% Portfolio   | \$ ____ VIP Index 500                          |
| \$ ____ VIP Balanced                   | \$ ____ VIP FundsManager 60% Portfolio   | \$ ____ VIP International Capital Appreciation |
| \$ ____ VIP Disciplined Small Cap      | \$ ____ VIP FundsManager 70% Portfolio   | \$ ____ VIP Mid Cap                            |
| \$ ____ VIP Emerging Markets Portfolio | \$ ____ VIP FundsManager 85% Portfolio   | \$ ____ VIP Overseas                           |
| \$ ____ VIP Equity-Income              | \$ ____ VIP Freedom Income               | \$ ____ VIP Real Estate                        |
| \$ ____ VIP Freedom 2010               | \$ ____ VIP Growth & Income              | \$ ____ VIP Strategic Income                   |
| \$ ____ VIP Freedom 2015               | \$ ____ VIP High Income                  | \$ ____ VIP Value                              |
| \$ ____ VIP Freedom 2020               | \$ ____ VIP Investment Grade Bond        | \$ ____ VIP Value Leaders                      |
| \$ ____ VIP Freedom 2025               | \$ ____ VIP Money Market Portfolio       | \$ ____ VIP Value Strategies                   |
| \$ ____ VIP Freedom 2030               | \$ ____ VIP Growth Strategies Portfolio  |  |
| \$ ____ VIP Freedom 2035               | \$ ____ VIP Contrafund                   |  |
| \$ ____ VIP Freedom 2040               | \$ ____ VIP Dynamic Capital Appreciation |  |
| \$ ____ VIP Freedom 2045               | \$ ____ VIP Growth                       |  |
| \$ ____ VIP Freedom 2050               | \$ ____ VIP Growth Opportunities         |  |

If specific subaccounts are not indicated, the amount will be prorated among your open subaccounts.

Please note: The funds available for a withdrawal/loan may be more or less, or may change daily based on fund performance.

**7. NET PREMIUM ALLOCATION**

I wish to change my future net premium allocation to the following (The total must equal 100%. The minimum amount allocated to any subaccount must be at least 10% and in increments of 1% thereafter.):

- |                                       |   |   |
|---------------------------------------|---|---|
| ____ % VIP Asset Manager              | ____ % VIP FundsManager 20% Portfolio   | ____ % VIP Growth Stock                       |
| ____ % VIP Asset Manager: Growth      | ____ % VIP FundsManager 50% Portfolio   | ____ % VIP Index 500                          |
| ____ % VIP Balanced                   | ____ % VIP FundsManager 60% Portfolio   | ____ % VIP International Capital Appreciation |
| ____ % VIP Disciplined Small Cap      | ____ % VIP FundsManager 70% Portfolio   | ____ % VIP Mid Cap                            |
| ____ % VIP Emerging Markets Portfolio | ____ % VIP FundsManager 85% Portfolio   | ____ % VIP Overseas                           |
| ____ % VIP Equity-Income              | ____ % VIP Freedom Income               | ____ % VIP Real Estate                        |
| ____ % VIP Freedom 2010               | ____ % VIP Growth & Income              | ____ % VIP Strategic Income                   |
| ____ % VIP Freedom 2015               | ____ % VIP High Income                  | ____ % VIP Value                              |
| ____ % VIP Freedom 2020               | ____ % VIP Investment Grade Bond        | ____ % VIP Value Leaders                      |
| ____ % VIP Freedom 2025               | ____ % VIP Money Market Portfolio       | ____ % VIP Value Strategies                   |
| ____ % VIP Freedom 2030               | ____ % VIP Growth Strategies Portfolio  |   |
| ____ % VIP Freedom 2035               | ____ % VIP Contrafund                   |   |
| ____ % VIP Freedom 2040               | ____ % VIP Dynamic Capital Appreciation |   |
| ____ % VIP Freedom 2045               | ____ % VIP Growth                       |   |
| ____ % VIP Freedom 2050               | ____ % VIP Growth Opportunities         |   |

**8. TRANSFER BETWEEN INVESTMENT OPTIONS**

I wish to transfer: (The minimum amount is \$250.00 or the remaining balance. Please see the prospectus for restrictions that apply to transfers.)

\$ \_\_\_\_\_ or \_\_\_\_\_ % from \_\_\_\_\_ to \_\_\_\_\_  
 \$ \_\_\_\_\_ or \_\_\_\_\_ % from \_\_\_\_\_ to \_\_\_\_\_  
 \$ \_\_\_\_\_ or \_\_\_\_\_ % from \_\_\_\_\_ to \_\_\_\_\_  
 \$ \_\_\_\_\_ or \_\_\_\_\_ % from \_\_\_\_\_ to \_\_\_\_\_

**9. SYSTEMATIC TRANSFER (DOLLAR COST AVERAGING)**

I wish to make a systematic transfer of \$ \_\_\_\_\_ from the Money Market subaccount in periodic amounts of \$ \_\_\_\_\_. I wish to allocate this periodic amount to the subaccounts indicated below. (Minimum amount subject to Dollar Cost Averaging is \$3,000.00 and the minimum amount to be systematically transferred is \$250.00, with a \$50.00 minimum to any one of the subaccounts below.)

- |  |  |  |
|--|--|--|
| \$ ____ VIP Asset Manager              | \$ ____ VIP FundsManager 20% Portfolio   | \$ ____ VIP Growth Stock                       |
| \$ ____ VIP Asset Manager: Growth      | \$ ____ VIP FundsManager 50% Portfolio   | \$ ____ VIP Index 500                          |
| \$ ____ VIP Balanced                   | \$ ____ VIP FundsManager 60% Portfolio   | \$ ____ VIP International Capital Appreciation |
| \$ ____ VIP Disciplined Small Cap      | \$ ____ VIP FundsManager 70% Portfolio   | \$ ____ VIP Mid Cap                            |
| \$ ____ VIP Emerging Markets Portfolio | \$ ____ VIP FundsManager 85% Portfolio   | \$ ____ VIP Overseas                           |
| \$ ____ VIP Equity-Income              | \$ ____ VIP Freedom Income               | \$ ____ VIP Real Estate                        |
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| \$ ____ VIP Freedom 2015               | \$ ____ VIP High Income                  | \$ ____ VIP Value                              |
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| \$ ____ VIP Freedom 2050               | \$ ____ VIP Growth Opportunities         |  |

I wish the transfer to occur:  Monthly  Quarterly beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ . (If no end date is provided the systematic transfer will automatically cancel when the Money Market fund is depleted.)

**10. CHANGE OF BENEFICIARY (revoking any previous designation)**

Primary beneficiary(ies) designation (include full name and address)	Relationship	Share % (total for primary beneficiaries must equal 100%)
Contingent beneficiary(ies) designation (include full name and address) <i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i>	Relationship	Share % (total for contingent beneficiaries must equal 100%)

## 11. WITHHOLDING FOR TAX PURPOSES

Withholding election if any cash distribution from your policy results in a taxable gain:

Yes, I elect withholding.       No, I do not elect withholding.

If no election is made, a percentage of tax will be withheld from any portion subject to federal income tax. The IRS requires Minnesota Life to withhold a percentage of any gain, regardless of the withholding election, if the owner's address is outside the United States or if a correct Social Security number is not on file.

## 12. INVESTMENT SUITABILITY

FINRA rules require us to ask about the financial condition of individuals applying for variable policies. The owner must supply such information so that an informed judgement may be made as to the suitability of the investment for the owner.

1. Are you a spouse or dependent child of a person who is an employee of Minnesota Life or one of its subsidiaries?  Yes  No
2. Number of Dependents: \_\_\_\_\_
3. Estimated Net Worth (exclusive of car and home)      \$ \_\_\_\_\_      Federal Tax Bracket  
Estimated Liquid Net Worth (cash and cash equivalents)      \$ \_\_\_\_\_      \_\_\_\_\_ 0 - 15%  
\_\_\_\_\_ 16 - 28%  
\_\_\_\_\_ 29% +
4. Prior Investment Experience  
Total Years of Experience: \_\_\_\_\_  
Experience with these types of investments       Mutual Funds       Bonds       Limited Partnerships       Other  
(check all that apply)       Annuities       Stocks       Options/Futures
5. Overall Investment Objective (check one)  
 Conservative Income       Current Income       Conservative Growth       Growth       Aggressive Growth
6. Risk Tolerance  
 Conservative       Moderate       Aggressive

## 13. SPECIAL REQUESTS

Include any comments or special requests here.

Minnesota Life may send you additional forms for completion before your change request is processed. Minnesota Life shall incur no obligation because of any of the above request(s) unless we have confirmed the requested change(s) in writing.

**Note:** An irrevocable beneficiary's signature is required if this type of beneficiary is currently designated on the contract.

## 14. SIGNATURE

Owner's signature (insured's signature, if the contract is not owned) <b>X</b>	Daytime telephone number	Date
Irrevocable beneficiary's signature (if applicable) <b>X</b>	Daytime telephone number	Date
<b>FOR HOME OFFICE USE</b>		
Suitability accepted by registered principal <b>X</b>		Date

**You are encouraged to submit your change request on the secure online site at [www.lifebenefits.com](http://www.lifebenefits.com). If you do not have access to the site, submit this completed form by mail to:**

**Minnesota Life  
Group Administration Department  
400 Robert Street North  
St. Paul, MN 55101-2098**



Questions? Please call  
**1-888-567-2882**  
Locally **651-665-3332**  
Fax **651-665-4827**



**or fax to: 651-665-4827**