

# Beneficiary Statement - Minor Beneficiary

Minnesota Life Insurance Company - A Securian Company  
Claims • P. O. Box 64114 • St. Paul, MN 55164-0114

For claim information call:  
Toll free 1-888-658-0193  
Fax 651-665-7106

# MINNESOTA LIFE

## PART 1 – All fields must be completed in Part 1

Name of deceased		Policy number	<b>CLAIM NUMBER</b>
Other names by which the deceased has been known, if any			
Address prior to death (street, city, state, zip)			
Date of birth (mo/day/yr)	Date of death (mo/day/yr)	Date last worked (mo/day/yr)	
Name of beneficiary		Beneficiary's Social Security number	
Beneficiary's address			
Beneficiary's relationship to deceased		Beneficiary's date of birth	

**A CERTIFIED COPY OF THE PUBLIC DEATH RECORD IS REQUIRED AS PROOF OF DEATH**

## PART 2 – Settlement options

### Option 1 - Distribution of funds to the minor beneficiary's estate:

This request must be made by the minor's court-appointed guardian. The proceeds will be made payable directly to the estate of the minor beneficiary. To elect this option:

- Provide a certified copy of the letters of guardianship/conservatorship of the minor's estate issued by the court
- Complete the section below

**Certificate Instructions:** You must cross out item (2) below if the beneficiary has been notified by the IRS that he/she is subject to backup withholding because of underreporting interest or dividends on his/her tax return. However, if after being notified by the IRS that the beneficiary was subject to backup withholding he/she received another notification from the IRS that he/she is no longer subject to backup withholding, do not cross out item (2).

**Certification** – Under penalties of perjury, I certify that:

- (1) The number shown on this form is the beneficiary's correct Social Security number, **and**
- (2) The beneficiary is not subject to backup withholding either because he/she has not been notified by the Internal Revenue Service (IRS) that he/she is subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified him/her that he/she is no longer subject to backup withholding, **and**
- (3) The beneficiary is a U. S. person (including a U. S. resident alien), **and**
- (4) The FATCA code(s) entered on this form (if any) indicating that the beneficiary is exempt from FATCA reporting is correct.  
Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

### **Certification Notice:**

The IRS requires us to obtain certification of the beneficiary's Social Security number. Without this information, the beneficiary may be subject to government imposed backup withholding for any interest paid on the death benefit.

Signature of court-appointed guardian <b>X</b>	Date signed	Telephone number of court-appointed guardian
Address of court-appointed guardian		

## **PAYMENT INFORMATION (Benefits will be sent to you via a check if you do not elect a payment option or the direct deposit section is incomplete.)**

How would you like to receive the proceeds?

- Check** - made payable to the estate of the minor beneficiary
- Direct Deposit** - complete the fields and sign under Authorization for Direct Deposit on the next page. A voided check for the estate of the minor beneficiary must also be provided to elect direct deposit

**Authorization for Direct Deposit**

I authorize Minnesota Life Insurance Company ("Company") to initiate deposits (credit entries) and corrections (debit entries) to adjust any deposits made in error to my account indicated below. I authorize the financial institution ("Depository") named below to accept these deposits and/or corrections made to this account.

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it or until such time as Company terminates this method of payment.

Name of depository (bank, credit union, etc.)		Depository telephone number	
Street	City	State	Zip code
Account type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Bank routing/transit number	Account number	
<b>IMPORTANT: For purposes of accuracy, PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.</b>			
Signature of court-appointed guardian <b>X</b>		Date signed	

**Option 2 - Proceeds held at interest until the beneficiary reaches the age of majority:**

This request can be made by any parent/guardian on behalf of the minor beneficiary. If elected, the minor beneficiary's proceeds will be held in a certificate at Minnesota Life until the beneficiary reaches the age of majority as defined by the minor's state of residence. Interest on the proceeds will be earned at the higher of the rate guaranteed by the group policy, or Minnesota Life's current crediting rate. A statement will be provided annually to the address on file showing the balance of the certificate. The beneficiary will be contacted one month prior to reaching the age of majority to facilitate distribution of the funds. To elect this option:

- Provide a copy of the beneficiary's birth certificate. (Note: If not provided now, a copy of the birth certificate will be required to claim the funds when the beneficiary reaches the age of majority.)
- Sign below

Address of parent/guardian	Telephone number
Signature of parent/guardian <b>X</b>	Date signed

**PART 3 – Notice**

**For your protection, state laws require the following to appear on this form:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.