

Service Request - Group Universal Life



Securian Life Insurance Company • Minnesota Life Insurance Company

Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098

1-866-887-1043 • Fax 651-665-4827

EMPLOYER/PREVIOUS EMPLOYER: State of Delaware

POLICY NUMBER: 50166

Insured name (first, middle initial, last)		Owner (if different than insured)	
Address (street, city, state, zip)		Email address	
Contract ID# (12 digits)		Date of birth	

1. CHANGE IN PERSONAL DATA - Active employees should also make this change by contacting your employer

New name (first, middle initial, last)

New address (street, city, state, zip)

2. CHANGE OF INSURANCE INFORMATION - See certificate of insurance for limits

- Change** coverage amount to: \$_____ or _____ x salary. (Active employees must choose a salary multiple.)
 This is due to a family status change.* Date of change: _____
- Cancel** Spouse Child/dependent rider
- Add** Spouse rider in the amount of: \$10,000 \$20,000
 Child rider in the amount of: \$10,000 \$20,000
 This is due to a family status change.* Date of change: _____

Spouse name	Date of birth	Child name	Date of birth
Child name	Date of birth	Child name	Date of birth
Child name	Date of birth	Child name	Date of birth

If increasing, you may need to complete an Evidence of Insurability form.

*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 premiums to Securian Financial.

Please allow up to one month from your termination or retirement date to receive your bill.

4. CASH VALUE ACCOUNT

Additional contributions may be subject to a premium expense charge. Please see certificate of insurance.

- Begin/change** my monthly cash value contribution to \$_____. (The minimum amount is \$10 per month.)
- Discontinue** additional contributions to my cash value account.
- Make** a one time lump sum contribution in the amount of \$_____ to my cash value account. (The minimum amount is \$100.)

Payment method: check enclosed
 electronic payment that I have initiated

Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

5. WITHDRAWALS (PARTIAL SURRENDERS) AND LOANS

Complete this section if you wish to make a withdrawal or administer a loan. Please check your certificate of insurance to determine minimum waiting period and any applicable charges.

- Withdrawal** from the net cash value. (Minimum withdrawal is \$100.)
 - Maximum allowed Specific amount \$ _____
- Loan** from the net cash value. Securian Financial does not send out loan repayment notices. (Minimum loan is \$100.)
 - Maximum allowed Specific amount \$ _____
- Loan repayment** \$ _____ Please include check. (Minimum repayment amount is \$100, unless remaining balance is less than \$100.)

Notice: If any cash distribution from your policy results in a taxable gain, please indicate your withholding election:

- 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 Securian Financial to withhold a percentage of any gain, regardless of the withholding election, if the owner's address is outside of the United States or if a correct Social Security number is not on file.

Payment method - Securian Financial will send a check unless you elect an electronic payment.

Please complete the information below and **include a voided check**. Select one:

- Wire Transfer (You may be charged a fee from your bank.)
- ACH - I hereby authorize Securian Financial to initiate credit and, if necessary, debit entries and adjustments for any credit entries which occurred in error, to the account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

<input type="checkbox"/> Checking account	Account number	Routing number	Financial institution
<input type="checkbox"/> Savings account			

6. CANCEL/FULL SURRENDER

- Cancel/full surrender my insurance. I understand that premium is due through the end of the month in which my signed request to cancel/full surrender is received by Securian Financial.

If any cash distribution from your policy results in a taxable gain, please indicate your withholding election:

- 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 Securian Financial 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.

7. SPECIAL REQUESTS

Include any comments or special requests here

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

8. SIGNATURE - An irrevocable beneficiary signature is required if one is currently designated on the contract

Owner signature	Daytime phone number	Date
X		
Irrevocable beneficiary signature (if applicable)	Daytime phone number	Date
X		