



Date Stamped, Recorded and
 Filed with Retirement Office

Life Insurance Beneficiary Designation

For State, State Police, and Judges

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN
MAILING ADDRESS	DAYTIME TELEPHONE ()
CITY, STATE, ZIP CODE	RETIREMENT SYSTEM (SELECT ONE) <input type="checkbox"/> STATE EMPLOYEES <input type="checkbox"/> STATE POLICE <input type="checkbox"/> JUDGES

Section I - Beneficiary Designation (Forms with erasures or corrections cannot be accepted.)

List your beneficiary(ies) below. If you name more than one beneficiary, all of them will share equally. If you want the life insurance benefit payments divided differently, list the percent you want to go to each beneficiary in the percent of share column. The percent of share column must total 100 percent. Additional beneficiaries may be listed on a separate sheet of paper and attached to this form.

1. BENEFICIARY'S NAME (LAST NAME, FIRST NAME, M.I.)	BENEFICIARY'S SSN	BIRTHDATE (MM/DD/YYYY)
ADDRESS OF BENEFICIARY (STREET, STATE, ZIPCODE)	RELATIONSHIP	% SHARE IF NOT EQUAL
2. BENEFICIARY'S NAME (LAST NAME, FIRST NAME, M.I.)	BENEFICIARY'S SSN	BIRTHDATE (MM/DD/YYYY)
ADDRESS OF BENEFICIARY (STREET, STATE, ZIPCODE)	RELATIONSHIP	% SHARE IF NOT EQUAL
3. BENEFICIARY'S NAME (LAST NAME, FIRST NAME, M.I.)	BENEFICIARY'S SSN	BIRTHDATE (MM/DD/YYYY)
ADDRESS OF BENEFICIARY	RELATIONSHIP	% SHARE IF NOT EQUAL

Section II - Contingent Beneficiary(ies)

You may designate a contingent beneficiary(ies), in case your beneficiary(ies) dies before you do. If you do not choose a contingent beneficiary, your beneficiary will be determined according to the guidelines defined by the Minnesota Life Insurance Company. Please list your contingent beneficiary(ies) below. If you name more than one beneficiary, all of them will share equally.

1. BENEFICIARY'S NAME (LAST NAME, FIRST NAME, M.I.)	BENEFICIARY'S SSN	BIRTHDATE (MM/DD/YYYY)
ADDRESS OF BENEFICIARY (STREET, STATE, ZIPCODE)	RELATIONSHIP	% SHARE IF NOT EQUAL
2. BENEFICIARY'S NAME (LAST NAME, FIRST NAME, M.I.)	BENEFICIARY'S SSN	BIRTHDATE (MM/DD/YYYY)
ADDRESS OF BENEFICIARY (STREET, STATE, ZIPCODE)	RELATIONSHIP	% SHARE IF NOT EQUAL

Section III - Certification: STOP— Do NOT sign unless you are in front of a Notary Public.

I have read the terms and conditions stated on the reverse side of this form. I revoke all previously filed beneficiary designations.

APPLICANT SIGNATURE	DATE
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Notary Public: Subscribed and sworn to before me this _____ day of _____, _____

County of _____, State of _____

My commission expires _____, _____

Notary Signature _____



Instructions

Use this form if:

- You want to designate a different beneficiary from any previous beneficiaries.
- Any or all of your previously designated beneficiaries have died.
- You get a divorce, and you wish to change your beneficiary.

Note: Divorce automatically cancels a spouse's beneficiary designation. If you want to keep your ex-spouse as a beneficiary, you must file a new form, with "ex-spouse" or "friend" in the "Related to Me As" column in the designation section.

Who can be named as a beneficiary?

- Any person or institution - except a funeral home.
- A Trust (Be sure to send in the first, second, and last page of the trust.)

How to name a beneficiary on this form:

If you want to name a married or widowed woman as your beneficiary, list her full given name - Mary J. Smith, not Mrs. John H. Smith. Likewise, a participant who is married or widowed should use her full given name.

If you name two or more beneficiaries that you do not want to share equally, indicate the percentage each beneficiary should receive in the far right column beside each beneficiary's name. The

percentages must total 100 percent. Do not specify dollar amounts.

Naming a contingent beneficiary

You may designate a contingent beneficiary who will receive your life insurance benefit if your named beneficiary(ies) die(s) before you do. List your choice in the area below the regular beneficiary selection. You may list your estate as a contingent beneficiary.

If you do not have any beneficiaries listed or living:

Your life insurance benefit will be paid to specific relatives in this order:

- First, to your spouse, if living;
- Otherwise, equally to your natural and adopted child(ren);
- Otherwise, equally to your surviving parent(s);
- Otherwise, equally to your brother(s) and sister(s);
- Otherwise, to your estate.

Return this form to:

Office of Retirement Services
P.O. Box 30171
Lansing MI 48909-7671