

Beneficiary Statement



Minnesota Life Insurance Company - a Securian Financial company

Benefit Services • P.O. Box 64114, St. Paul, MN 55164-0114

1-877-867-5781 • Fax 877-494-8401

CLAIM NUMBER
1646194

This form must be completed in order to claim benefits for a life insurance policy. Please fully complete this form, including your Social Security number or Tax Identification number and signature as required by the IRS. If you are assisting the beneficiary with the completion of this form, please attach documentation that supports your ability to act on behalf of the beneficiary (e.g., power of attorney documents, court issued guardianship, etc.).

Decedent's Information

Name of deceased (first, middle, last)

Michael A Bishop

Other names by which the deceased has been known, if any

Date of birth (mo/day/yr)	Date of death (mo/day/yr)	Date last worked (mo/day/yr) if unknown or retired mark n/a
<u>08/30/1939</u>	<u>07/15/2022</u>	<u>1997</u>

Beneficiary Information - review certification and complete all fields, including your signature

CERTIFICATION INSTRUCTIONS: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

CERTIFICATION - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Social Security number or Taxpayer Identification number, and
- (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien).

Certification Notice:

The IRS requires us to obtain certification of your Social Security number or Taxpayer Identification number. Without this information, you may be subject to government imposed backup withholding for any interest paid on this benefit.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Enter your Taxpayer Identification number in the appropriate box. For individuals and sole proprietors, this is your Social Security number. For other entities including estates and trusts, it is your Tax Identification number.

Beneficiary Social Security number	OR	Tax Identification number
<u>316 12 + 318 + 218 14 11</u>		<u> + </u>

Name of beneficiary (first, middle, last)

Margaret Rose Bishop

Beneficiary's date of birth (mo/day/yr)

10/13/1938

Mailing address (street)

3512 Sandhurst

Beneficiary's telephone number

517-775-4916

City, state, zip

Lansing, MI 48911

Relationship to deceased

Wife

Email address (optional)



****See Reverse Side****



Securian Financial is the marketing name for Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company.

How would you like to receive the proceeds payable to you?

Legacy Account - I'd like my benefits placed in a Legacy Account, an interest-bearing account that provides immediate access to my funds. As an account holder, I may transfer or withdraw all or a part of the balance at any time and at no cost. Please see disclosure for more information.

Check - I'd like a paper check sent via U.S. mail.

Direct Deposit - if you select this option, you must complete the following section:

Authorization for Direct Deposit

By electing this option and providing the account information below, 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 on the attached voided check or bank account verification letter, 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.

Benefits will not be deposited directly but will be sent to you via a check in any of the following situations: a) Authorization for Direct Deposit not completed; b) a voided check or bank account verification letter is not provided; c) we are unable to process the direct deposit.

Account type	Bank routing/transit number	Account number
<input type="checkbox"/> Savings (attach bank account verification letter)		
<input type="checkbox"/> Checking (attach voided check)		

By signing below, I attest that the information provided is true and accurate to the best of my knowledge and belief; I agree to the terms of the Legacy Account Supplemental Contract, if applicable; and I request that the Company proceed with payment of the claim pursuant to the information above.

Please review the below New York fraud statement and the attached page for a list of other state-specific fraud statements.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**SIGN
HERE >**

Signature of beneficiary
x

Margaret Bishop

Date signed (mo/day/yr)

8-17-2022

