Life Insurance Beneficiary Designation Form

INSTRUCTIONS

- **Retirees**
  Use this form to enter any beneficiary(ies).
- **Employees**
  Enter beneficiary(ies) in OPUS (PIN Employee Self Service, Benefits).
  Use this form only if you are naming a trust as your beneficiary.

1. Type or clearly print your responses to the form on page 2.
2. Sign and date the completed form.
3. Submit the completed signed form by mail, fax or email to:

   Pinellas County Human Resources Department
   400 South Fort Harrison Avenue
   Clearwater, FL 33756
   Fax: (727) 453-3573
   Email: employee.benefits@pinellas.gov

GENERAL BENEFICIARY INFORMATION

- Completing this form will revoke all current beneficiary designations.
- The same person(s) cannot be named as both a primary and contingent beneficiary.
- If you need more space, attach an additional sheet of paper with all of the information required. Be sure to sign and date this additional information page.
- To receive a death benefit, a beneficiary must survive the insured. If the named beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category.
- **Primary Beneficiary:** This is the individual(s), trust, charity, or estate that you want to receive the insurance benefit. You can divide the insurance proceeds between primary beneficiaries. *The total shares must equal 100%.*
- **Contingent Beneficiary:** If all the primary beneficiary(ies) are no longer living, eligible, or able to receive the benefits, it will be paid to the contingent beneficiary(ies) designated. You can divide the insurance proceeds between your named contingent beneficiaries. *The total shares must equal 100%.*
- **Naming Minor Children:** You may name your children (by name) directly, or to a trust. Minors cannot directly receive life insurance proceeds; however, they may be paid to a court-appointed guardian or held until the minor child is legal age. If a minor (a person not of legal age) or your estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation (see the next bullet).
- **Trust:** Provide the trust name, effective date and tax ID or Social Security number (if applicable) - i.e., "John Smith Trust dated 01/01/2021."
- **Charity:** Provide the full name, address, and tax ID number.

Life Insurance Beneficiary Designation Form

Securian Life Insurance Company • Minnesota Life Insurance Company

Employer name	Policy number
County of Pinellas	34740
Insured's name (first, middle initial, last)	ID (or last four of SSN)
Address (street, city, state, zip)	Email address
Insured's date of birth / Policyowner (if different than insured)	Policyowner's phone number

This designation applies to all coverages.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

Total Primary Shares Must Equal 100%

CONTINGENT BENEFICIARY(IES) - Receives a benefit ONLY if all primary beneficiaries are no longer living.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

Total Contingent Shares Must Equal 100%

SIGNATURE REQUIRED - This beneficiary revokes all prior designations.

Policyowner's signature	Date
X	