



# Group Life/Travel Insurance Beneficiary Designations



Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## GROUP LIFE BENEFICIARY DESIGNATIONS FOR MINNESOTA LIFE INSURANCE

Date of Hire:	<input type="checkbox"/> Original Designation*	<input type="checkbox"/> Change of Beneficiary
Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Annual Salary:	Is Optional Life Ins. Requested: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, # x salary (1-10) _____	
Primary Beneficiary:		Relationship:
Address:		
Contingent Beneficiary:		Relationship:
Address:		

\*I hereby apply for insurance under group policy issued by Minnesota Mutual Insurance subject to all the terms, conditions and provisions of said policy. If a contribution towards the premium is required, I authorize the necessary deductions from my earnings.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## TRAVEL ACCIDENT INSURANCE FOR AIG LIFE INSURANCE COMPANY

**If you would like your beneficiary designations to be the same for the Travel Accident Insurance Policy # GTP0009044626, please check this box:  and initial \_\_\_\_\_.**

If you would like your beneficiary designations to be different please complete the information below:

Primary Beneficiary:	Relationship:
Address:	
Contingent Beneficiary:	Relationship:
Address:	

Signature \_\_\_\_\_ Date \_\_\_\_\_