

Life Request to Recode

Minnesota Life Insurance Company - Securian Life Insurance Company

Securian Financial Group Companies

Life Policy Administration • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax to: 651-665-4194 or e-mail at IDGCompensation@MinnesotalMutual.com

Client name	Contract number	Date
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If requesting to change the servicing representative, complete the policy service request form.

Current Representative Name(s) and Code(s):	Current Representative(s) % Split: (must total 100%)
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Change to Representative Name(s) and Code(s):	Change to Representative(s) % Split: (must total 100%)
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

RECODE FROM ONE AGENT TO ANOTHER Select one (default is current if none selected)

(Recode: Current* _____ Retro** _____)

Reason for change (must be completed)

Current Representative(s) signature for approval: (required)

Signature X	Code	Date signed
Signature X	Code	Date signed
Signature X	Code	Date signed

General Agent signature for approval: (required)

Signature X	Code	Date signed
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Home Office Securian Department signature for approval:

Signature X	Station number	Date signed
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* Current: As of the current paid to date of the policy (no production credit received)

** Retro: All the way back to day one of the policy (no more than 6 months) and cannot cross over years