

SERFF Tracking Number: MNNL-127660609 State: Arkansas  
Filing Company: Minnesota Life Insurance Company State Tracking Number: 49901  
Company Tracking Number: PJM-558  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Group Universal Life Insurance  
Project Name/Number: GUL2 (2011 Trust Application, MVT & Act Memo)/PJM-558

## Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Group Universal Life Insurance SERFF Tr Num: MNNL-127660609 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 49901  
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: PJM-558 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Paula Moris, Teresa Disposition Date: 10/05/2011

Guindon

Date Submitted: 09/28/2011 Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: GUL2 (2011 Trust Application, MVT & Act Memo)

Status of Filing in Domicile: Not Filed

Project Number: PJM-558

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 10/05/2011

State Status Changed: 10/05/2011

Deemer Date:

Created By: Paula Moris

Submitted By: Paula Moris

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find copies of the above-referenced application forms for your consideration. These forms are new and do not replace any previously approved forms by the Department. Upon approval, these forms will be used with group universal life policy form series 01-30287T et al, previously approved by the Arkansas Department Insurance of on July 25, 2003.

We are enclosing a Manual of Variable Text (MVT) for the forms. The MVT explains how the text within bracketed areas on the enclosed forms may change.

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In addition, for informational purposes only, we would like to make the following revisions:

Enclosed is a revised Actuarial Memorandum and Manual of Variable Text.

- The revised Actuarial Memorandum will replace the Actuarial Memorandum filed in 2008 to update our tables in order to comply with 2001 CSO.

> 01-30287T et al previously approved by the Arkansas Department of Insurance on July 25, 2003

- The revised Manual of Variable Text will replace the Manual of Variable Text filed in conjunction with our following Group Universal Life Policy form series:

> 01-30287T et al previously approved by the Arkansas Department of Insurance on July 25, 2003

The revised Actuarial Memorandum and Manual of Variable Text will apply to new business only that will become effective upon your acknowledgement and approval of this filing submission.

The enclosed Actuarial Memorandum is being revised to allow us to change the minimum interest rate credited on the general account value to 1.5% annually.

There are three sections of the enclosed Manual of Variable Text(s) being revised in relation to the changing the minimum interest rate credited to the general account value, as well as having the flexibility to change the interest rate payable on the death benefit.

The sections are on page 3 of the MVT under:

- The 3% minimum interest rate under "When will the death benefit be payable?"
- References to 3% interest in "What is the account value of a certificate?"

and under page 8 under:

- The reference to 3% in "When will an accidental death and dismemberment benefit be payable?"

In no event will the minimum interest rate decrease less than the state mandated requirements.

The above mentioned revisions are highlighted in the enclosed revised Manual of Variable Text.

We request the Department's approval of these new application forms.

Thank you for your consideration and review of the enclosed forms. Please let me know if you have any questions or concerns regarding this filing.

## **Company and Contact**

SERFF Tracking Number: MNNL-127660609 State: Arkansas  
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**Filing Contact Information**

Paula Moris, Sr. Product Compliance Specialist paula.moris@securian.com  
 400 Robert Street North 651-665-1273 [Phone]  
 St. Paul, MN 55101-2098 651-665-5424 [FAX]

**Filing Company Information**

|                                  |                         |                              |
|----------------------------------|-------------------------|------------------------------|
| Minnesota Life Insurance Company | CoCode: 66168           | State of Domicile: Minnesota |
| 400 Robert Street North          | Group Code: 869         | Company Type:                |
| Law Department                   | Group Name:             | State ID Number:             |
| St. Paul, MN 55101-2098          | FEIN Number: 41-0417830 |                              |
| (651) 665-3500 ext. [Phone]      |                         |                              |

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? Yes  
 Fee Explanation: Filing or review of life applications is \$50.00 per form. We are submitting 4 applications for review.  
 Per Company: No

| COMPANY                          | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|----------------------------------|----------|----------------|---------------|
| Minnesota Life Insurance Company | \$200.00 | 09/28/2011     | 52217843      |

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## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 10/05/2011 | 10/05/2011     |

SERFF Tracking Number: MNNL-127660609 State: Arkansas  
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## Disposition

Disposition Date: 10/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-127660609 State: Arkansas  
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 Project Name/Number: GUL2 (2011 Trust Application, MVT & Act Memo)/PJM-558

| Schedule            | Schedule Item  | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification   |                      | No            |
| Supporting Document | Application  |                      | No            |
| Supporting Document | For Informational purposes only - Manual of Variable Text                  |                      | No            |
| Supporting Document | For Informational purposes only - Actuarial Memorandum and MVT (01-30287T) |                      | No            |
| Form                | Group Universal Life Employee Application                                  |                      | No            |
| Form                | Group Universal Life Spouse Application                                    |                      | No            |
| Form                | Group Universal Life Employee Application (without health questions)       |                      | No            |
| Form                | Group Universal Life Spouse Application (without health questions)         |                      | No            |

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## Form Schedule

### Lead Form Number: 11-31336T.3

| Schedule Item Status | Form Number | Form Type                   | Form Name  | Action  | Action Specific Data | Readability  | Attachment |
|----------------------|-------------|-----------------------------|--|---------|----------------------|--|------------|
|                      | 11-31336T.3 | Application/Enrollment Form | Group Universal Life Employee Application                            | Initial |                      | 11-31336T.3_EE App JDoe_7-21-11.pdf                          |            |
|                      | 11-31337T.3 | Application/Enrollment Form | Group Universal Life Spouse Application                              | Initial |                      | 11-31337T.3_Spouse App JDoe_07-21-11.pdf                     |            |
|                      | 11-31338T.3 | Application/Enrollment Form | Group Universal Life Employee Application (without health questions) | Initial |                      | 11-31338T.3_EE App JDoe_no health questions 7-21-11.pdf      |            |
|                      | 11-31339T.3 | Application/Enrollment Form | Group Universal Life Spouse Application (without health questions)   | Initial |                      | 11-31339T.3_Spouse App JDoe_no health questions_07-21-11.pdf |            |

# Group Universal Life Employee Application

**MINNESOTA LIFE**

Minnesota Life Insurance Company – A Securian Company  
400 Robert Street North • B2-4256 • St. Paul, Minnesota 55101-2098

**PLAN SPONSOR:** ABC Company

**PLAN SPONSOR NUMBER:** 12345-G

**INSURED'S INFORMATION (insured is the owner of the insurance unless otherwise requested)**

|                                     |                                    |   |  |
|-------------------------------------|------------------------------------|---|--|
| [Employee name]<br>John C. Doe      | [Date of birth]<br>01/10/1975      | [Social Security number]<br>123-45-6789 | [Gender]<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| [Street address]<br>456 Main Street | [City]<br>Anytown                  | [State]<br>USA                          | [Zip code]<br>00000  |
| [Email address]<br>j.doe@work.com   |                                    |   |  |
| [Occupation]<br>computer programmer | [Date of employment]<br>01/01/2010 | [Annual salary]<br>\$100,000            | [Payroll frequency]<br>Monthly   |

Yes  No Have you used tobacco in any form during the past 12 months or are you currently using nicotine in any form?

Yes  No On the date you sign this application, are you actively working at your employer's normal place of business at least 20 hours per week?

|   |                                   |   |
|---|-----------------------------------|---|
| [Primary beneficiary designation (include full name and address)]<br>Jane A. Doe  | [Relationship]<br>Spouse          | [Share % (must total 100%)]<br>100%       |
| [Contingent beneficiary designation (include full name and address) <i>Contingent Beneficiaries collect only if all Primary Beneficiaries predecease the insured.</i> ]<br>Sally B. Doe<br>Joe C. Doe | [Relationship]<br>Daughter<br>Son | [Share % (must total 100%)]<br>50%<br>50% |

**INSURANCE INFORMATION**

If applying for more than the guaranteed issue amount, you must complete the Health Questions on the next page.

[Amount of automatic coverage]  
 \$10,000

[Amount of elected coverage]  
 waive  1x  2x  3x  4x  5x  6x  7x  8x  9x  10x annual salary

[Accidental death and dismemberment insurance requested]  
 waive  yes (matches the amount selected above)

[Amount of monthly contribution to the cash accumulation account]  
 waive  \$100.00

[Spouse term life rider]  
 waive  \$50,000

[Child term coverage]  
 waive  \$10,000

If you applied for spouse or child term insurance, please enter the information below:

|                              |                             |                              |                             |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Spouse's name<br>Jane A. Doe | Date of birth<br>02/28/1980 | Child's name<br>Sally B. Doe | Date of birth<br>01/18/2004 |
| Child's name<br>Joe C. Doe   | Date of birth<br>06/01/2006 | Child's name                 | Date of birth               |
| Child's name                 | Date of birth               | Child's name                 | Date of birth               |

**Please sign back of form →**

**HEALTH QUESTIONS [(must be answered for coverage that is not guaranteed)]**

|  |  |  |  |
|--|--|--|--|
| [Employee]<br>[Yes] [No]                                     | [Spouse]<br>[Yes] [No]                                       | [Employee]<br>[Height] [5'11"] [Weight] [175]  | [Spouse]<br>[Height] [5'0"] [Weight] [125] |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | (1) During the past three years, have you for any reason consulted a physician(s) or other health care provider(s) or been hospitalized?   |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | (2) Have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction? |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | (3) Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?                |  |

If you answer yes to any question, please provide details below or on a separate sheet of paper.

| [Name] | [Date] | [Name and address of doctor, clinic or hospital] | [Reason for consultation] | [Diagnosis and treatment] |
|--------|--------|--|---------------------------|---------------------------|
|        |        |  |                           |                           |

**CONSUMER PRIVACY NOTICE**

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights, you may contact:

Group Division Underwriting  
Minnesota Life Insurance Company  
400 Robert Street North  
St. Paul, Minnesota 55101-2098  
Telephone: [800-872-2214]

For information about the MIB, you may contact:

MIB  
50 Braintree Hill, Suite 400  
Braintree, MA 02184-8734  
MIB Telephone: (866) 692-6901  
MIB TTY: (866) 346-3642  
Website: www.mib.com

**[AUTHORIZATION]**

The answers provided on this application are representations of the person signing below. The answers given are true and complete. It is understood that Minnesota Life Insurance Company (the Company), St. Paul, Minnesota 55101-2098 shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

To determine my insurability or for claim purposes, I authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. If I do not revoke this authorization, it will be valid for 24 months from the date I sign it. A photocopy shall be as valid as the original. I have read this Authorization and the Consumer Privacy Notice on the second page and I understand that I can have copies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

|   |  |  |                               |
|---|--|--|-------------------------------|
| [Employee signature]<br>X [ /s/ John C. Doe ] | [Daytime phone number]<br>[(111) 222-3333] | [Evening phone number]<br>[(111) 222-4444] | [Date signed]<br>[03-01-2011] |
| [Spouse signature]<br>X [ /s/ Jane A. Doe ]   | [Daytime phone number]<br>[(111) 222-3333] | [Evening phone number]<br>[(111) 222-4444] | [Date signed]<br>[03-01-2011] |

**[FOR HOME OFFICE USE ONLY:]****[POLICY NUMBER: 123456]**

| [Employee]   |                                    |                                 | [Spouse]   |                                   |                                 | [Children]   |                                   |                                 |
|--|------------------------------------|---------------------------------|--|-----------------------------------|---------------------------------|--|-----------------------------------|---------------------------------|
| [Current in force]<br>[\$ 0.00 ]   | [U/W applied for]<br>[\$5100,000 ] | [Total elected]<br>[\$ 50,000 ] | [Current in force]<br>[\$ 0.00 ]   | [U/W applied for]<br>[\$ 50,000 ] | [Total elected]<br>[\$ 50,000 ] | [Current in force]<br>[\$ 0.00 ]   | [U/W applied for]<br>[\$ 10,000 ] | [Total elected]<br>[\$ 10,000 ] |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Incomplete |                                    |                                 | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Incomplete |                                   |                                 | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Incomplete |                                   |                                 |
| [By]<br>[ /s/ Joe Underwriter ]  |                                    |                                 |  |                                   |                                 | [Date]<br>[04-01-2011]   |                                   |                                 |

# Group Universal Life Spouse Application

**MINNESOTA LIFE**

Minnesota Life Insurance Company – A Securian Company  
 400 Robert Street North • B2-4256 • St. Paul, Minnesota 55101-2098

**[PLAN SPONSOR:] [ABC Company]**

**[PLAN SPONSOR NUMBER:] [12345-G]**

**[EMPLOYEE INFORMATION]**

|                                       |                                 |   |  |
|---------------------------------------|---------------------------------|---|--|
| [Employee name]<br>[John C. Doe]      | [Date of birth]<br>[01/10/1975] | [Social Security number]<br>[123-45-6789] | [Gender]<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| [Street address]<br>[456 Main Street] | [City]<br>[Anytown]             | [State]<br>[USA]                          | [Zip code]<br>[00000]  |

**[SPOUSE INFORMATION (spouse is the owner of the insurance unless otherwise requested)]**

|   |                                 |   |  |
|---|---------------------------------|---|--|
| [Spouse name]<br>[Jane A. Doe]  | [Date of birth]<br>[02/28/1980] | [Social Security number]<br>[912-34-5678] | [Gender]<br><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| [Street address (check here if same as above <input checked="" type="checkbox"/> )] | [City]                          | [State]                                   | [Zip code]   |

|                                     |                         |
|-------------------------------------|-------------------------|
| [Email address]<br>[j.doe@work.com] | [Occupation]<br>[nurse] |
|-------------------------------------|-------------------------|

Yes  No Have you used tobacco in any form during the past 12 months or are you currently using nicotine in any form?

|  |                                |   |
|--|--------------------------------|---|
| [Primary beneficiary designation (include full name and address)]<br><br>[John C. Doe] | [Relationship]<br><br>[Spouse] | [Share % (must total 100%)]<br><br>[100%] |
|--|--------------------------------|---|

|   |   |   |
|---|---|---|
| [Contingent beneficiary designation (include full name and address) <i>Contingent Beneficiaries collect only if all Primary Beneficiaries predecease the insured.</i> ]<br><br>[Sally B. Doe]<br>[Joe C. Doe] | [Relationship]<br><br>[Daughter]<br>[Son] | [Share % (must total 100%)]<br><br>[50%]<br>[50%] |
|---|---|---|

**[INSURANCE INFORMATION]**

**[If applying for more than the guaranteed issue amount, you must complete the Health Questions on the next page.]**

[Amount of elected coverage]  
 \$[10,000]

[Accidental death and dismemberment insurance requested]  
 waive  yes (matches the amount selected above)

[Amount of monthly contribution to the cash accumulation account]  
 waive  \$[100.00]

[Child term coverage]  
 Waive  \$[10,000]

[If you applied for child term insurance, please enter the information below. Either you or your spouse may elect child coverage, but not both.]

|                                |                               |              |               |
|--------------------------------|-------------------------------|--------------|---------------|
| Child's name<br>[Sally B. Doe] | Date of birth<br>[01/18/2004] | Child's name | Date of birth |
| Child's name<br>[Joe C. Doe]   | Date of birth<br>[06/01/2006] | Child's name | Date of birth |
| Child's name                   | Date of birth                 | Child's name | Date of birth |

**[Please sign back of form →]**

**HEALTH QUESTIONS [(must be answered for coverage that is not guaranteed)]**

|  |  |
|--|--|
| [Spouse]<br>[Yes] [No]                                       | [Spouse]<br>[Height] [5'6"] [Weight] [130]   |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | (1) During the past three years, have you for any reason consulted a physician(s) or other health care provider(s) or been hospitalized?   |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | (2) Have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction? |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | (3) Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?                |

If you answer yes to any question, please provide details below or on a separate sheet of paper.

| [Name] | [Date] | [Name and address of doctor, clinic or hospital] | [Reason for consultation] | [Diagnosis and treatment] |
|--------|--------|--|---------------------------|---------------------------|
|        |        |  |                           |                           |

**CONSUMER PRIVACY NOTICE**

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

**For further information about your file or your rights, you may contact:**

Group Division Underwriting  
Minnesota Life Insurance Company  
400 Robert Street North  
St. Paul, Minnesota 55101-2098  
Telephone: [800-872-2214]

**For information about the MIB, you may contact:**

MIB  
50 Braintree Hill, Suite 400  
Braintree, MA 02184-8734  
MIB Telephone: (866) 692-6901  
MIB TTY: (866) 346-3642  
Website: www.mib.com

**[AUTHORIZATION]**

The answers provided on this application are representations of the person signing below. The answers given are true and complete. It is understood that Minnesota Life Insurance Company (the Company), St. Paul, Minnesota 55101-2098 shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

To determine my insurability or for claim purposes, I authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. If I do not revoke this authorization, it will be valid for 24 months from the date I sign it. A photocopy shall be as valid as the original. I have read this Authorization and the Consumer Privacy Notice on the second page and I understand that I can have copies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

|   |  |  |                               |
|---|--|--|-------------------------------|
| [Spouse signature]<br>X [ /s/ Jane A. Doe ] | [Daytime phone number]<br>[(111) 222-3333] | [Evening phone number]<br>[(111) 222-4444] | [Date signed]<br>[03-01-2011] |
|---|--|--|-------------------------------|

**[FOR HOME OFFICE USE ONLY: ]****[POLICY NUMBER: 123456 ]**

| [Spouse]                                     |                                   |                                     | [Children]                                   |                                   |                                     |
|--|-----------------------------------|-------------------------------------|--|-----------------------------------|-------------------------------------|
| [Current in force]                           | [U/W applied for]                 | [Total elected]                     | [Current in force]                           | [U/W applied for]                 | [Total elected]                     |
| [\$ 0.00 ]                                   | [\$ 50,000 ]                      | [\$ 50,000 ]                        | [\$ 0.00 ]                                   | [\$ 10,000 ]                      | [\$ 10,000 ]                        |
| <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Incomplete | <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Incomplete |
| [By]<br>[ /s/ Joe Underwriter ]              |                                   |                                     |  | [Date]<br>[04-01-2011]            |                                     |

# Group Universal Life Employee Application

**MINNESOTA LIFE**

Minnesota Life Insurance Company – A Securian Company  
400 Robert Street North • B2-4256 • St. Paul, Minnesota 55101-2098

**PLAN SPONSOR:** ABC Company

**PLAN SPONSOR NUMBER:** 12345-G

**INSURED'S INFORMATION (insured is the owner of the insurance unless otherwise requested)**

|                                     |                               |   |  |
|-------------------------------------|-------------------------------|---|--|
| [Employee name]<br>John C. Doe      | [Date of birth]<br>01/10/1975 | [Social Security number]<br>123-45-6789 | [Gender]<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| [Street address]<br>456 Main Street | [City]<br>Anytown             | [State]<br>USA                          | [Zip code]<br>00000  |

[Email address]  
j.doe@work.com

|                                     |                                    |                              |                                |
|-------------------------------------|------------------------------------|------------------------------|--------------------------------|
| [Occupation]<br>computer programmer | [Date of employment]<br>01/01/2010 | [Annual salary]<br>\$100,000 | [Payroll frequency]<br>Monthly |
|-------------------------------------|------------------------------------|------------------------------|--------------------------------|

Yes  No Have you used tobacco in any form during the past 12 months or are you currently using nicotine in any form?

Yes  No On the date you sign this application, are you actively working at your employer's normal place of business at least 20 hours per week?

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
| [Primary beneficiary designation (include full name and address)]<br>Jane A. Doe | [Relationship]<br>Spouse | [Share % (must total 100%)]<br>100% |
|--|--------------------------|-------------------------------------|

|   |                                   |   |
|---|-----------------------------------|---|
| [Contingent beneficiary designation (include full name and address) <i>Contingent Beneficiaries collect only if all Primary Beneficiaries predecease the insured.</i> ]<br>Sally B. Doe<br>Joe C. Doe | [Relationship]<br>Daughter<br>Son | [Share % (must total 100%)]<br>50%<br>50% |
|---|-----------------------------------|---|

**INSURANCE INFORMATION**

If applying for more than the guaranteed issue amount, you must complete an Evidence of Insurability form.

[Amount of automatic coverage]  
 \$10,000

[Amount of elected coverage]  
 waive  1x  2x  3x  4x  5x  6x  7x  8x  9x  10x annual salary

[Accidental death and dismemberment insurance requested]  
 waive  yes (matches the amount selected above)

[Amount of monthly contribution to the cash accumulation account]  
 waive  \$100.00

[Spouse term life rider]  
 waive  \$50,000

[Child term coverage]  
 waive  \$10,000

If you applied for spouse or child term insurance, please enter the information below:

|                                |                               |                                |                               |
|--------------------------------|-------------------------------|--------------------------------|-------------------------------|
| [Spouse's name]<br>Jane A. Doe | [Date of birth]<br>02/28/1980 | [Child's name]<br>Sally B. Doe | [Date of birth]<br>01/18/2004 |
| [Child's name]<br>Joe C. Doe   | [Date of birth]<br>06/01/2006 | [Child's name]                 | [Date of birth]               |
| [Child's name]                 | [Date of birth]               | [Child's name]                 | [Date of birth]               |

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

|   |  |  |                             |
|---|--|--|-----------------------------|
| [Employee signature]<br>X /s/ John C. Doe | [Daytime phone number]<br>(111) 222-3333 | [Evening phone number]<br>(111) 222-4444 | [Date signed]<br>03-01-2011 |
| [Spouse signature]<br>X /s/ Jane A. Doe   | [Daytime phone number]<br>(111) 222-3333 | [Evening phone number]<br>(111) 222-4444 | [Date signed]<br>03-01-2011 |

# Group Universal Life Spouse Application

MINNESOTA LIFE

Minnesota Life Insurance Company – A Securian Company  
400 Robert Street North • B2-4256 • St. Paul, Minnesota 55101-2098

PLAN SPONSOR: ABC Company

PLAN SPONSOR NUMBER: 12345-G

## EMPLOYEE INFORMATION

|                                   |                             |                                       |  |
|-----------------------------------|-----------------------------|---------------------------------------|--|
| Employee name<br>John C. Doe      | Date of birth<br>01/10/1975 | Social Security number<br>123-45-6789 | Gender<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Street address<br>456 Main Street | City<br>Anytown             | State<br>USA                          | Zip code<br>00000  |

## SPOUSE INFORMATION (spouse is the owner of the insurance unless otherwise requested)

|   |                             |                                       |  |
|---|-----------------------------|---------------------------------------|--|
| Spouse name<br>Jane A. Doe  | Date of birth<br>02/28/1980 | Social Security number<br>912-34-5678 | Gender<br><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Street address (check here if same as above <input checked="" type="checkbox"/> ) | City                        | State                                 | Zip code   |

|                                 |                     |
|---------------------------------|---------------------|
| Email address<br>j.doe@work.com | Occupation<br>nurse |
|---------------------------------|---------------------|

Yes  No Have you used tobacco in any form during the past 12 months or are you currently using nicotine in any form?

|  |                        |                                   |
|--|------------------------|-----------------------------------|
| Primary beneficiary designation (include full name and address)<br>John C. Doe | Relationship<br>Spouse | Share % (must total 100%)<br>100% |
|--|------------------------|-----------------------------------|

|  |                                 |   |
|--|---------------------------------|---|
| Contingent beneficiary designation (include full name and address) <i>Contingent Beneficiaries collect only if all Primary Beneficiaries predecease the insured.</i><br>Sally B. Doe<br>Joe C. Doe | Relationship<br>Daughter<br>Son | Share % (must total 100%)<br>50%<br>50% |
|--|---------------------------------|---|

## INSURANCE INFORMATION

If applying for more than the guaranteed issue amount, you must complete an Evidence of Insurability form.

|  |
|--|
| Amount of elected coverage<br><input checked="" type="checkbox"/> \$10,000 |
|--|

|  |
|--|
| Accidental death and dismemberment insurance requested<br><input type="checkbox"/> waive <input checked="" type="checkbox"/> yes (matches the amount selected above) |
|--|

|  |
|--|
| Amount of monthly contribution to the cash accumulation account<br><input type="checkbox"/> waive <input checked="" type="checkbox"/> \$100.00 |
|--|

|  |
|--|
| Child term coverage<br><input type="checkbox"/> Waive <input checked="" type="checkbox"/> \$10,000 |
|--|

If you applied for child term insurance, please enter the information below. Either you or your spouse may elect child coverage, but not both.

|                              |                             |                            |                             |
|------------------------------|-----------------------------|----------------------------|-----------------------------|
| Child's name<br>Sally B. Doe | Date of birth<br>01/18/2004 | Child's name<br>Joe C. Doe | Date of birth<br>06/01/2006 |
| Child's name                 | Date of birth               | Child's name               | Date of birth               |
| Child's name                 | Date of birth               | Child's name               | Date of birth               |

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

|                                       |  |  |                           |
|---------------------------------------|--|--|---------------------------|
| Spouse signature<br>X /s/ Jane A. Doe | Daytime phone number<br>(111) 222-3333 | Evening phone number<br>(111) 222-4444 | Date signed<br>03-01-2011 |
|---------------------------------------|--|--|---------------------------|

SERFF Tracking Number: MNNL-127660609 State: Arkansas  
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 49901  
 Company Tracking Number: PJM-558  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Group Universal Life Insurance  
 Project Name/Number: GUL2 (2011 Trust Application, MVT & Act Memo)/PJM-558

## Supporting Document Schedules

|  | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--|---------------------|-------------------------|
| <b>Bypassed - Item:</b> Flesch Certification   |                     |                         |
| <b>Bypass Reason:</b> This is an application only filing, therefore a Flesch Certification is not applicable and this requirement has been bypassed. |                     |                         |
| <b>Comments:</b>   |                     |                         |

|   | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|---|---------------------|-------------------------|
| <b>Bypassed - Item:</b> Application   |                     |                         |
| <b>Bypass Reason:</b> This is not a policy filing therefore this requirement is not applicable and has been bypassed. |                     |                         |
| <b>Comments:</b>  |                     |                         |

|   | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|---|---------------------|-------------------------|
| <b>Satisfied - Item:</b> For Informational purposes only -<br>Manual of Variable Text           |                     |                         |
| <b>Comments:</b><br>For Informational purposes only, attached are the Manuals of Variable Text. |                     |                         |

**Attachments:**  
 11-31336T.3\_MVT\_03-16-11.pdf  
 11-31337T.3\_MVT\_03-16-11.pdf  
 11-31338T.3\_MVT\_03-16-11.pdf  
 11-31339T.3\_MVT\_03-16-11.pdf

|   | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|---|---------------------|-------------------------|
| <b>Satisfied - Item:</b> For Informational purposes only -<br>Actuarial Memorandum and MVT<br>(01-30287T)   |                     |                         |
| <b>Comments:</b><br>For Informational purposes only attached are the Actuarial Memorandum and MVT (01-30287T) which are being revised to allow us to change the minimum interest rate credited on the general account value to 1.5% annually. |                     |                         |

SERFF Tracking Number: MNNL-127660609 State: Arkansas  
Filing Company: Minnesota Life Insurance Company State Tracking Number: 49901  
Company Tracking Number: PJM-558  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Group Universal Life Insurance  
Project Name/Number: GUL2 (2011 Trust Application, MVT & Act Memo)/PJM-558

**Attachments:**

01-30287T\_Manual of Variable Text Revised 4-1-11\_GUL2 Policy.pdf  
Actuarial Memo\_GUL2 Revised (DC Trust) 4-1-2011.pdf

### Manual of Variable Text - Form 11-31336T.3

1. "Group Universal Life Employee Application", the form title, may be changed to "ABC Company Group Universal Life Employee Application" or something similar if the policyholder so desires.
2. "Minnesota Life Insurance Company – A Securian Company" and address may be changed to reflect an address change in our administration area or a company name change.
3. "Plan Sponsor" may be changed to "Company," "Firm" or something similar if the policyholder so desires.
4. "Plan Sponsor Number" may be removed or changed to include a reference to Units or some other similar policy-related indicator.
5. "Insured's Information (insured is the owner of the insurance unless otherwise requested)" may be changed to "Applicant Information...", "Team Member Information...", "Partner Information..." or something similar if the policyholder so desires.
6. "Employee name" may be changed to "Applicant name," "Team Member name," "Partner name" or something similar if the policyholder so desires.
7. "Date of birth" may be removed or changed to "Birthdate" or something similar if the policyholder so desires.
8. "Social Security number" may be removed or changed to "SS#," "Employee ID number," "Associate ID number" or something similar if the policyholder so desires.
9. "Gender" may be removed or changed to "Sex" or something similar depending on the plan design.
10. "Street address, City, State, Zip Code" may be changed to "Home location," "Internal delivery code" or something similar if the policyholder so desires.
11. "Email address" may be removed if not included in the plan design.
12. "Occupation" may be removed or changed to "Job Title" or something similar depending on the plan design.
13. "Date of employment" may be removed or changed to "Hire date" or something similar depending on the plan design.
14. "Annual salary" may be removed or changed to "Annual earnings," "Monthly salary" or something similar depending on the plan design.
15. "Payroll frequency" may be removed or changed to "Number of paychecks" or something similar depending on the plan design.
16. "Yes No Have you used tobacco..." may be removed or changed depending on the plan design.
17. "Yes No On the date you sign this application..." may be removed or changed depending on the plan design.
18. "Primary beneficiary designation..." may be removed or changed to "Designate primary beneficiary" or something similar depending on the plan design. Note: all beneficiary information may be captured on a separate form if the policyholder so desires.
19. "Relationship" may be removed or changed to "How do you know this person" or something similar depending on the plan design.
20. "Share %" may be removed or changed to "Benefit %" or something similar depending on the plan design.
21. "Contingent beneficiary designation..." may be removed or changed to "Designate contingent beneficiary" or something similar depending on the plan design.
22. "Relationship" may be removed or changed to "How do you know this person" or something similar depending on the plan design.
23. "Share %" may be removed or changed to "Benefit %" or something similar depending on the plan design.

24. "Insurance Information" may be changed to "Insurance Coverage" or something similar if the policyholder so desires.
25. "If applying for more than the guaranteed issue amount, you must complete the Health Questions on the next page." may be removed or changed to "If applying for more than \$XX,XXX you must complete the Health Questions on the next page." or something similar depending on the plan design.
26. "Amount of automatic coverage" and amount shown may be removed or changed to "Amount of insurance provided by your employer" or something similar depending on the plan design.
27. "Amount of elected coverage" may be changed to "Amount of insurance elected" or something similar depending on the plan design.
28. "Waive, 1x - 10x annual salary" may be changed to "Waive, \$X,XXX, \$XX,XXX etc." to match the plan design.
29. "Accidental death and dismemberment insurance requested" may be removed or changed to "AD&D insurance requested" or something similar depending on the plan design.
30. "Waive, yes (matches the amount selected above)" may be removed or changed to match the plan design.
31. "Amount of monthly contribution to the cash accumulation account" may be changed to "Cash accumulation account monthly contribution" or something similar depending on the plan design.
32. "Waive, \$XXX.XX" may be changed to match the plan design.
33. "Spouse term life rider" may be removed or changed to "Spouse/Domestic Partner term life rider coverage..." or something similar depending on the plan design.
34. "Waive, \$XX,XXX" may be removed or changed to match the plan design.
35. "Child term coverage" may be removed or changed to "Dependent term coverage" or something similar depending on the plan design.
36. "Waive, \$XX,XXX" may be removed or changed to match the plan design.
37. "If you applied for spouse or child term insurance, please enter the information below:" and "Spouse's name," "date of birth," "Child's name" and "date of birth" may be removed or changed to "If you applied for spouse/domestic partner or dependent term insurance..." or something similar depending on the plan design.
38. "Please sign back of form" may be removed or changed to "Your signature is required on the back of this form" or something similar depending on the plan design.
39. Under Health Questions "(must be answered for coverage that is not guaranteed)" may be removed or changed to "(must be answered for coverage over \$XX,XXX)" or something similar depending on the plan design.
40. "Employee" and "Spouse" columns of "Yes/No" blocks may be removed or changed depending on the plan design. The word "Employee" could be changed to "Applicant," "Team Member," "Partner" or something similar. The word "Spouse" could be changed to "Spouse/Domestic Partner," "Dependent," "Applicant" or something similar.
41. "Employee Height, Weight" and "Spouse Height, Weight" may be removed or changed depending on the plan design. The word "Employee" could be changed to "Applicant," "Team Member," "Partner" or something similar. The word "Spouse" could be changed to "Spouse/Domestic Partner," "Dependent," "Applicant" or something similar.
42. "Name", "Date", "Name and Address of Doctor, Clinic Hospital", "Reason For Consultation" and "Diagnosis and Treatment" may be changed to "Employee Name," "Applicant Name," "Team Member Name," "Partner Name," "Spouse Name," "Spouse/Domestic Partner Name," "Dependent Name," "Child Name" or something similar.
43. "Authorization" may be changed to "Authorization For Coverage" or something similar if the policyholder so desires.

44. "Employee signature" may be changed to "Applicant signature," "Team Member signature," "Partner signature" or something similar if the policyholder so desires.
45. "Daytime phone number" may be changed to "Day telephone number" or something similar if the policyholder so desires.
46. "Evening phone number" may be removed or changed to "Night telephone number" or something similar if the policyholder so desires.
47. "Date signed" may be changed to "Today's Date" or something similar if the policyholder so desires.
48. "Spouse signature" may be removed or changed to "Spouse/Domestic Partner signature," "Dependent signature," "Applicant signature" or something similar if the policyholder so desires.
49. "Daytime phone number" may be removed or changed to "Day telephone number" or something similar if the policyholder so desires.
50. "Evening phone number" may be removed or changed to "Night telephone number" or something similar if the policyholder so desires.
51. "Date signed" may be removed or changed to "Today's Date" or something similar if the policyholder so desires.
52. "For Home Office Use" may be removed or changed to "For Minnesota Life Use Only" or something depending on the plan design.
53. "Policy Number" may be removed or changed to include a reference to Units or some other similar policy-related indicator.
54. "Employee" may be removed or changed to "Applicant," "Team Member," "Partner" or something similar depending on the plan design.
55. "Spouse" may be removed or changed to "Spouse/Domestic Partner," "Dependent," "Applicant" or something similar depending on the plan design.
56. "Children" may be removed or changed to "Dependent" or something similar depending on the plan design.
57. Columns of "Current in force", "U/W applied for", "Total elected" "Approved", "Declined", "Incomplete", "By" and "Date" blocks may be removed or changed depending on the plan design.

### Manual of Variable Text - Form 11-31337T.3

1. "Group Universal Life Spouse Application", the form title, may be changed to "ABC Company Group Universal Life Spouse Application" or something similar if the policyholder so desires.
2. "Minnesota Life Insurance Company – A Securian Company" and address may be changed to reflect an address change in our administration area or a company name change.
3. "Plan Sponsor" may be changed to "Company," "Firm" or something similar if the policyholder so desires.
4. "Plan Sponsor Number" may be removed or changed to include a reference to Units or some other similar policy-related indicator.
5. "Employee Information" may be changed to "Applicant Information," "Team Member Information," "Partner Information" or something similar if the policyholder so desires.
6. "Employee name" may be changed to "Applicant name," "Team Member name," "Partner name" or something similar if the policyholder so desires.
7. "Date of birth" may be removed or changed to "Birthdate" or something similar if the policyholder so desires.
8. "Social Security number" may be removed or changed to "SS#," "Employee ID number" or something similar if the policyholder so desires.
9. "Gender" may be removed or changed to "Sex" or something similar depending on the plan design.
10. "Street address, City, State, Zip Code" may be changed to "Home location," "Internal delivery code" or something similar if the policyholder so desires.
11. "Spouse Information (spouse is the owner of the insurance unless otherwise requested)" may be changed to "Spouse/Domestic Partner Information...," "Dependent Information...," "Applicant Information..." or something similar if the policyholder so desires.
12. "Spouse name" may be changed to "Spouse/Domestic Partner name," "Dependent name," "Applicant name" or something similar if the policyholder so desires.
13. "Date of birth" may be changed to "Birthdate" or something similar if the policyholder so desires.
14. "Social Security number" may be removed or changed to "SS#" or something similar if the policyholder so desires.
15. "Gender" may be removed or changed to "Sex" or something similar depending on the plan design.
16. "Street address (check here if same as above [ ]), City, State, Zip Code" may be changed to "Home location" or something similar if the policyholder so desires.
17. "Email address" may be removed if not included in the plan design.
18. "Occupation" may be removed or changed to "Job Title" or something similar depending on the plan design.
19. "Yes No Have you used tobacco..." may be removed or changed depending on the plan design. In addition we may ask: "On the date you sign this application, are you actively working at least 20 hours per week?" or something similar depending on the plan design.
20. "Primary beneficiary designation..." may be removed or changed to "Designate primary beneficiary" or something similar depending on the plan design. Note: all beneficiary information may be captured on a separate form if the policyholder so desires.
21. "Relationship" may be removed or changed to "How do you know this person" or something similar depending on the plan design.
22. "Share %" may be removed or changed to "Benefit %" or something similar depending on the plan design.

23. "Contingent beneficiary designation..." may be removed or changed to "Designate contingent beneficiary" or something similar depending on the plan design.
24. "Relationship" may be removed or changed to "How do you know this person" or something similar depending on the plan design.
25. "Share %" may be removed or changed to "Benefit %" or something similar depending on the plan design.
26. "Insurance Information" may be changed to "Insurance Coverage" or something similar if the policyholder so desires.
27. "If applying for more than the guaranteed issue amount, you must complete the Health Questions on the next page." may be removed or changed to "If applying for more than \$XX,XXX you must complete the Health Questions on the next page." or something similar depending on the plan design.
28. "Amount of elected coverage" and amount shown may be changed to "Amount of insurance elected" or something similar depending on the plan design.
29. "Accidental death and dismemberment insurance requested" may be removed or changed to "AD&D insurance requested" or something similar depending on the plan design.
30. "Waive, yes (matches the amount selected above)" may be removed or changed to match the plan design.
31. "Amount of monthly contribution to the cash accumulation account" may be changed to "Cash accumulation account monthly contribution" or something similar depending on the plan design.
32. "Waive, \$XXX.XX" may be changed to match the plan design.
33. "Child term coverage" may be removed or changed to "Dependent term coverage" or something similar depending on the plan design.
34. "Waive, \$XX,XXX" may be removed or changed to match the plan design.
35. "If you applied for child term insurance, please enter the information below. Either you or your spouse may elect child coverage, but not both." and "Child's name" and "date of birth" may be removed or changed to "If you applied for dependent term insurance..." or something similar depending on the plan design.
36. "Please sign back of form" may be removed or changed to "Your signature is required on the back of this form" or something similar depending on the plan design.
37. Under Health Questions "(must be answered for coverage that is not guaranteed)" may be removed or changed to "(must be answered for coverage over \$XX,XXX)" or something similar depending on the plan design.
38. "Spouse" columns of "Yes/No" blocks may be changed depending on the plan design. The word "Spouse" could be changed to "Spouse/Domestic Partner," "Dependent," "Applicant" or something similar depending on the plan design.
39. "Spouse Height, Weight" may be changed depending on the plan design. The word "Spouse" could be changed to "Spouse/Domestic Partner," "Dependent," "Applicant" or something similar depending on the plan design.
40. "Name", "Date", "Name and Address of Doctor, Clinic Hospital", "Reason For Consultation" and "Diagnosis and Treatment" may be changed to "Spouse Name," "Spouse/Domestic Partner Name," "Dependent Name," "Child Name" or something similar depending on the plan design.
41. "Authorization" may be changed to "Authorization For Coverage" or something similar if the policyholder so desires.
42. "Spouse signature" may be removed or changed to "Spouse/Domestic Partner signature," "Dependent signature," "Applicant signature" or something similar if the policyholder so desires.
43. "Daytime phone number" may be removed or changed to "Day telephone number" or something similar if the policyholder so desires.

44. "Evening phone number" may be removed or changed to "Night telephone number" or something similar if the policyholder so desires.
45. "Date signed" may be removed or changed to "Today's Date" or something similar if the policyholder so desires.
46. "For Home Office Use" may be removed or changed to "For Minnesota Life Use Only" or something depending on the plan design.
47. "Policy Number" may be removed or changed to include a reference to Units or some other similar policy-related indicator.
48. "Spouse" may be removed or changed to "Spouse/Domestic Partner," "Dependent," "Applicant" or something similar depending on the plan design.
49. "Children" may be removed or changed to "Dependent" or something similar depending on the plan design.
50. Columns of "Current in force", "U/W applied for", "Total elected" "Approved", "Declined", "Incomplete", "By" and "Date" blocks may be removed or changed depending on the plan design.

### Manual of Variable Text - Form 11-31338T.3

1. "Group Universal Life Employee Application", the form title, may be changed to "ABC Company Group Universal Life Employee Application" or something similar if the policyholder so desires.
2. "Minnesota Life Insurance Company – A Securian Company" and address may be changed to reflect an address change in our administration area or a company name change.
3. "Plan Sponsor" may be changed to "Company," "Firm" or something similar if the policyholder so desires.
4. "Plan Sponsor Number" may be removed or changed to include a reference to Units or some other similar policy-related indicator.
5. "Insured's Information (insured is the owner of the insurance unless otherwise requested)" may be changed to "Applicant Information...", "Team Member Information...", "Partner Information..." or something similar if the policyholder so desires.
6. "Employee name" may be changed to "Applicant name," "Team Member name," "Partner name" or something similar if the policyholder so desires.
7. "Date of birth" may be removed or changed to "Birthdate" or something similar if the policyholder so desires.
8. "Social Security number" may be removed or changed to "SS#," "Employee ID number," "Associate ID number" or something similar if the policyholder so desires.
9. "Gender" may be removed or changed to "Sex" or something similar depending on the plan design.
10. "Street address, City, State, Zip Code" may be changed to "Home location," "Internal delivery code" or something similar if the policyholder so desires.
11. "Email address" may be removed if not included in the plan design.
12. "Occupation" may be removed or changed to "Job Title" or something similar depending on the plan design.
13. "Date of employment" may be removed or changed to "Hire date" or something similar depending on the plan design.
14. "Annual salary" may be removed or changed to "Annual earnings," "Monthly salary" or something similar depending on the plan design.
15. "Payroll frequency" may be removed or changed to "Number of paychecks" or something similar depending on the plan design.
16. "Yes No Have you used tobacco..." may be removed or changed depending on the plan design.
17. "Yes No On the date you sign this application..." may be removed or changed depending on the plan design.
18. "Primary beneficiary designation..." may be removed or changed to "Designate primary beneficiary" or something similar depending on the plan design. Note: all beneficiary information may be captured on a separate form if the policyholder so desires.
19. "Relationship" may be removed or changed to "How do you know this person" or something similar depending on the plan design.
20. "Share %" may be removed or changed to "Benefit %" or something similar depending on the plan design.
21. "Contingent beneficiary designation..." may be removed or changed to "Designate contingent beneficiary" or something similar depending on the plan design.
22. "Relationship" may be removed or changed to "How do you know this person" or something similar depending on the plan design.
23. "Share %" may be removed or changed to "Benefit %" or something similar depending on the plan design.

24. "Insurance Information" may be changed to "Insurance Coverage" or something similar if the policyholder so desires.
25. "If applying for more than the guaranteed issue amount, you must complete an Evidence of Insurability form." may be removed or changed to "If applying for more than \$XX,XXX you must complete an Evidence of Insurability form." or something similar depending on the plan design.
26. "Amount of automatic coverage" and amount shown may be removed or changed to "Amount of insurance provided by your employer" or something similar depending on the plan design.
27. "Amount of elected coverage" may be changed to "Amount of insurance elected" or something similar depending on the plan design.
28. "Waive, 1x - 10x annual salary" may be changed to "Waive, \$X,XXX, \$XX,XXX etc." to match the plan design.
29. "Accidental death and dismemberment insurance requested" may be removed or changed to "AD&D insurance requested" or something similar depending on the plan design.
30. "Waive, yes (matches the amount selected above)" may be removed or changed to match the plan design.
31. "Amount of monthly contribution to the cash accumulation account" may be changed to "Cash accumulation account monthly contribution" or something similar depending on the plan design.
32. "Waive, \$XXX.XX" may be changed to match the plan design.
33. "Spouse term life rider" may be removed or changed to "Spouse/Domestic Partner term life rider coverage..." or something similar depending on the plan design.
34. "Waive, \$XX,XXX" may be removed or changed to match the plan design.
35. "Child term coverage" may be removed or changed to "Dependent term coverage" or something similar depending on the plan design.
36. "Waive, \$XX,XXX" may be removed or changed to match the plan design.
37. "If you applied for spouse or child term insurance, please enter the information below:" and "Spouse's name," "date of birth," "Child's name" and "date of birth" may be removed or changed to "If you applied for spouse/domestic partner or dependent term insurance..." or something similar depending on the plan design.
38. "Employee signature" may be changed to "Applicant signature," "Team Member signature," "Partner signature" or something similar if the policyholder so desires.
39. "Daytime phone number" may be changed to "Day telephone number" or something similar if the policyholder so desires.
40. "Evening phone number" may be removed or changed to "Night telephone number" or something similar if the policyholder so desires.
41. "Date signed" may be changed to "Today's Date" or something similar if the policyholder so desires.
42. "Spouse signature" may be removed or changed to "Spouse/Domestic Partner signature," "Dependent signature," "Applicant signature" or something similar if the policyholder so desires.
43. "Daytime phone number" may be removed or changed to "Day telephone number" or something similar if the policyholder so desires.
44. "Evening phone number" may be removed or changed to "Night telephone number" or something similar if the policyholder so desires.
45. "Date signed" may be removed or changed to "Today's Date" or something similar if the policyholder so desires.

### Manual of Variable Text - Form 11-31339T.3

1. "Group Universal Life Spouse Application", the form title, may be changed to "ABC Company Group Universal Life Spouse Application" or something similar if the policyholder so desires.
2. "Minnesota Life Insurance Company – A Securian Company" and address may be changed to reflect an address change in our administration area or a company name change.
3. "Plan Sponsor" may be changed to "Company," "Firm" or something similar if the policyholder so desires.
4. "Plan Sponsor Number" may be removed or changed to include a reference to Units or some other similar policy-related indicator.
5. "Employee Information" may be changed to "Applicant Information," "Team Member Information," "Partner Information" or something similar if the policyholder so desires.
6. "Employee name" may be changed to "Applicant name," "Team Member name," "Partner name" or something similar if the policyholder so desires.
7. "Date of birth" may be removed or changed to "Birthdate" or something similar if the policyholder so desires.
8. "Social Security number" may be removed or changed to "SS#," "Employee ID number," "Associate ID number" or something similar if the policyholder so desires.
9. "Gender" may be removed or changed to "Sex" or something similar depending on the plan design.
10. "Street address, City, State, Zip Code" may be changed to "Home location," "Internal delivery code" or something similar if the policyholder so desires.
11. "Spouse Information (spouse is the owner of the insurance unless otherwise requested)" may be changed to "Spouse/Domestic Partner Information...," "Dependent Information...," "Applicant Information..." or something similar if the policyholder so desires.
12. "Spouse name" may be changed to "Spouse/Domestic Partner name," "Dependent name," "Applicant name" or something similar if the policyholder so desires.
13. "Date of birth" may be changed to "Birthdate" or something similar if the policyholder so desires.
14. "Social Security number" may be removed or changed to "SS#" or something similar if the policyholder so desires.
15. "Gender" may be removed or changed to "Sex" or something similar depending on the plan design.
16. "Street address (check here if same as above [ ]), City, State, Zip Code" may be changed to "Home location" or something similar if the policyholder so desires.
17. "Email address" may be removed if not included in the plan design.
18. "Occupation" may be removed or changed to "Job Title" or something similar depending on the plan design.
19. "Yes No Have you used tobacco..." may be removed or changed depending on the plan design. In addition we may ask: "On the date you sign this application, are you actively working at least 20 hours per week?" or something similar depending on the plan design.
20. "Primary beneficiary designation..." may be removed or changed to "Designate primary beneficiary" or something similar depending on the plan design. Note: all beneficiary information may be captured on a separate form if the policyholder so desires.
21. "Relationship" may be removed or changed to "How do you know this person" or something similar depending on the plan design.
22. "Share %" may be removed or changed to "Benefit %" or something similar depending on the plan design.

23. "Contingent beneficiary designation..." may be removed or changed to "Designate contingent beneficiary" or something similar depending on the plan design.
24. "Relationship" may be removed or changed to "How do you know this person" or something similar depending on the plan design.
25. "Share %" may be removed or changed to "Benefit %" or something similar depending on the plan design.
26. "Insurance Information" may be changed to "Insurance Coverage" or something similar if the policyholder so desires.
27. "If applying for more than the guaranteed issue amount, you must complete an Evidence of Insurability form." may be removed or changed to "If applying for more than \$XX,XXX you must complete an Evidence of Insurability form." or something similar depending on the plan design.
28. "Amount of elected coverage" and amount shown may be changed to "Amount of insurance elected" or something similar depending on the plan design.
29. "Accidental death and dismemberment insurance requested" may be removed or changed to "AD&D insurance requested" or something similar depending on the plan design.
30. "Waive, yes (matches the amount selected above)" may be removed or changed to match the plan design.
31. "Amount of monthly contribution to the cash accumulation account" may be changed to "Cash accumulation account monthly contribution" or something similar depending on the plan design.
32. "Waive, \$XXX.XX" may be changed to match the plan design.
33. "Child term coverage" may be removed or changed to "Dependent term coverage" or something similar depending on the plan design.
34. "Waive, \$XX,XXX" may be removed or changed to match the plan design.
35. "If you applied for child term insurance, please enter the information below. Either you or your spouse may elect child coverage, but not both." and "Child's name" and "date of birth" may be removed or changed to "If you applied for dependent term insurance..." or something similar depending on the plan design.
36. "Spouse signature" may be removed or changed to "Spouse/Domestic Partner signature," "Dependent signature," "Applicant signature" or something similar if the policyholder so desires.
37. "Daytime phone number" may be removed or changed to "Day telephone number" or something similar if the policyholder so desires.
38. "Evening phone number" may be removed or changed to "Night telephone number" or something similar if the policyholder so desires.
39. "Date signed" may be removed or changed to "Today's Date" or something similar if the policyholder so desires.

# Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

The following explains the intent behind each section of text marked as variable. There are seven identified categories of variability, as described below. Each section marked as variable is identified in the grids below as to what category(ies) would apply to it. Some sections have specific alternative text and/or explanations which do not necessarily fall into one of the seven categories. This specific text/explanation will immediately follow the identification of the section and category(ies) and will be identified by the following symbol: 3. For any future modification which does not fall within the parameters of change as outlined in this manual, Minnesota Life will submit the change for approval by the Department. The seven categories are as follows:

## Category 1

Areas marked with a #1 indicate provisions, paragraphs or wording which may be replaced with language appearing in a previous carrier's policy without changing the effect of the language. For example, the definition of earnings could be reworded to read "salary."

## Category 2

Areas marked with a #2 indicate provisions, paragraphs or wording which may be removed entirely if the provision does not apply to the plan sponsor or to the plan sponsor's plan of insurance. For example, the definition of associated companies may be removed if it does not apply to a particular employer.

## Category 3

Areas marked with a #3 indicate provisions, paragraphs or wording which can be rewritten to provide less restrictive benefits to insureds or the plan sponsor. For example, the definition of earnings could be changed to include overtime pay.

## Category 4

Areas marked with a #4 indicate provisions, paragraphs or wording which may vary in order to match a plan sponsor's existing plan of insurance. For example, in the Accidental Death and Dismemberment Policy Rider, we may change the number of days within which the death or dismemberment must occur after the date of the injury from 180 days to 90 days.

## Category 5

Areas marked with a #5 represent provisions, paragraphs or wording where we have filed a full complement of benefits realizing that most policies issued would have a subset thereof. One example is the death and dismemberment benefit chart in the Accidental Death & Dismemberment Policy Rider. Our standard product does not include some of these items, such as speech and hearing, however, we want the capability to include them. Similarly, the Additional Benefits of the same rider are not part of our standard AD&D product but may be included for a given case.

## Category 6

Areas marked with a #6 indicate sample John Doe information which would be replaced with plan sponsor or insured information upon issue. For example, the Group Policy Specifications Page would include actual policy number and plan sponsor name as well as the effective date and available benefits under the employer group policy.

## Category 7

Areas marked with a #7 indicate numeric values which may increase or decrease but which will always meet all state mandated requirements, i.e., statutory maximums and minimums.

## Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

### Group Universal Life Insurance Policy – 01-30287T

| Page # | Section  | Category(ies)                            |
|--------|--|--|
| 1      | Table of Contents  | 7  |
| 2      | Definition of “age”<br>✓ Age may be determined on a case based on a common date, such as policy anniversary.   | 4  |
| 2      | Definition of “associated company”   | 1, 2, 4                                  |
| 2      | Definition of “earnings”   | 1, 3, 4                                  |
| 2      | Definition of “employee”   | 1, 3, 4                                  |
| 2      | Reference to associated company in definition of “employer”  | 1, 2, 4                                  |
| 2      | Reference to dependents in definition of “insured”   | 1, 2                                     |
| 2      | The bracketed material in the definition of “net premium”  | 1, 2, 3                                  |
| 2      | Definition of “non-work day”   | 1, 2, 3, 4                               |
| 3      | Reference to spouse and dependent child under the definition of “primary insured”  | 1, 2 (either one or both can be removed) |
| 3      | Definition of “successor plan”   | 1, 2, 3, 4                               |
| 3      | “Are employees of associated companies eligible for insurance under this policy?”  | 1, 2, 4                                  |
| 3      | Item (3) under “Which employees are eligible for insurance?”   | 1, 2, 3, 4                               |
| 3,4    | “Are spouses of employees eligible for group universal life insurance?”  | 1, 2, 3, 4                               |
| 4      | “What is the actively-at-work requirement?”  | 1, 2, 3, 4                               |
| 4      | Each listed item under “When will we require evidence of insurability?”  | 1, 2, 3, 4                               |
| 4      | The reference to “31 days” under “What is guaranteed issue insurance?”   | 3, 4                                     |
| 4      | The second paragraph under “What is guaranteed issue insurance?”   | 1, 2, 3, 4                               |
| 4      | The second paragraph under “When does insurance become effective?”   | 1, 2, 3, 4                               |
| 4,5    | The answer to “Can insurance be continued during an insured employee's sickness, injury, leave of absence or temporary layoff?”<br>✓ This may be changed to detail the employer's specific rules about continuing coverage during absence from work.   | 1, 3, 4                                  |
| 5      | The answer to “What is the amount of the death benefit?”<br>✓ This text may be replaced by the following for cases where we are not allowing owners to switch from one death benefit option to the other:<br><br>“The amount of the death benefit depends on whether Option A or Option B is selected by you as the death benefit option under this policy. Option A is a level death benefit. Option B is an increasing death benefit. The death benefit option selected by you will be the death benefit option for all certificates issued under this policy. The death benefit option is shown on the policy specifications page and will not change.” | 1, 3                                     |
| 5      | The reference to “and nicotine status” in “What is the minimum death benefit?”   | 2, 3                                     |

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Forms 01-30287T et. al.

Revised 4-1-2011

| Page # | Section   | Category(ies)   |
|--------|---|---|
| 5      | The answer to “Can the owner change the death benefit option?”<br>✓ This text may be replaced by the following for cases where we are not allowing owners to switch from one death benefit option to the other:<br>“No.”  | 1   |
| 5,6    | The first 4 paragraphs under “How can the face amount of insurance change?”   | 1, 2, 3, 4  |
| 6      | The 4 paragraphs marked variable under “When will changes in the face amount of insurance be effective?”  | 1, 2, 3, 4  |
| 6      | The 3% minimum interest rate under “When will the death benefit be payable?”  | 7 3 (This guaranteed rate may be increased, but never decreased.)       |
| 6      | The list of default beneficiaries under “To whom will we pay the death benefit?”<br>✓ For some cases we will add “The primary insured’s brothers and sisters in equal shares, if living; otherwise” as an item to this list.  | 1, 2 (each item, not the entire section), 4                             |
| 6      | The bracketed material under “Can an owner add or change beneficiaries?”<br>✓ This may be modified to reflect a situation where the plan sponsor maintains the beneficiary designations.  | 1, 4  |
| 7      | The \$4.00 guaranteed maximum administration fee under “When and how is premium due?”   | 3 (This guaranteed maximum may be decreased, but never increased.)      |
| 7      | The bracketed text including the 5% guaranteed maximum percentage-of-premium charge under “Can additional premium be paid to accumulate cash value?”  | 2, 3 (The guaranteed maximum 5% may be decreased, but never increased.) |
| 7      | The \$100 in “What are lump sum premium payments?”  | 7   |
| 7      | The 31-day grace period references in “Is there a grace period for the payment of premium?”   | 3 (can be increased but never decreased)                                |
| 7      | “and rate class” in “How do we determine the cost of insurance?”  | 2 (e.g., may be removed if uni-tobacco rates being used)                |
| 7,8    | References to 3% interest in “What is the account value of a certificate?”  | 7 3 (can be increased but never decreased)                              |
| 8      | The answer to “What are the minimum and maximum loan amounts available?”<br>✓ Also may be replaced with the following:<br><br>“The amount of a loan must be at least [\$100] and cannot exceed an amount equal to the net cash value minus interest on the loan to the next certificate anniversary.” | 1, 3, 4   |
| 8      | The 8% interest in “What is the interest rate charged on the loan principal?”   | 3 (may be decreased, but never increased)                               |
| 8      | “at the end of a certificate month” in “What is the interest rate charged on the loan principal?”   | 3, 4  |

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Forms 01-30287T et. al.

Revised 4-1-2011

| Page # | Section  | Category(ies)   |
|--------|--|---|
| 8      | The 6% interest in “What is the interest rate credited to a certificate as a result of a loan?”  | 7   |
| 8      | The 60 days in “When and in what amount should loan repayments be made?”   | 3 (may be increased, but not decreased)                         |
| 8      | The references to \$100 in “When and in what amount should loan repayments be made?”   | 7   |
| 8      | 31-day grace period in “What happens if a loan is not repaid?”   | 3 (can be increased but never decreased)                        |
| 8      | The withdrawal fee in “Can an owner request a withdrawal from the certificate’s net cash value?”   | 2, 3, 7   |
| 8,9    | The answer to “What are the minimum and maximum withdrawal amounts available?”   | 1, 3, 4   |
| 9      | The bracketed material under “Can we postpone payment of a withdrawal or surrender?”   | 1, 2, 3, 4  |
| 9      | “annual” in “Will an owner receive an annual report?”  | 3 (e.g. may provide reports more frequently)                    |
| 9      | The fee statement in “Can an owner request an illustration of his or her projected future account values?”   | 2, 3, 4, 7  |
| 9      | The bracketed material under “What is the paid-up insurance option?”   | 1, 2 (e.g., may be removed if no dependents on a specific case) |
| 9      | <p>The opening paragraphs under “Can insurance be continued under this policy for a primary insured who loses eligibility?”</p> <p>✓ Also may be replaced with either of the following (bracketed areas may be deleted and underlined material may have the numeric value changed)</p> <p><i>Option 1:</i><br/>Yes. Insurance under this policy may be continued for a primary insured who no longer meets the eligibility requirements of this policy, provided:</p> <p>(1) the loss of eligibility is not due to an amendment to this policy; [and</p> <p>(2) there is at least <u>\$250</u> in the certificate’s net cash value after the monthly deduction is deducted for the month in which eligibility ends.]</p> <p><i>Option 2:</i><br/>Yes. Insurance under this policy may be continued for a primary insured who no longer meets the eligibility requirements of this policy[, provided there is at least <u>\$250</u> in the certificate’s net cash value after the monthly deduction is deducted for the month in which eligibility ends.]</p> | 1, 3, 4   |
| 10     | <p>The last paragraph of “Can insurance be continued under this policy for a primary insured who loses eligibility?”</p> <p>✓ Also, the reference to the Waiver of Premium GUL Policy Rider</p>  | 1, 2, 3, 4  |

## Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

| Page # | Section   | Category(ies) |
|--------|---|---------------|
|        | may have references to any other rider(s) to the group policy in place of or in addition to the reference to the waiver rider.  |               |
| 10     | <p>The answer to “Can a primary insured acquire portability status if this policy terminates?”</p> <p>✓ Also may be replaced with either of the following (bracketed areas may be deleted and underlined material may have the numeric value changed):</p> <p><i>Option 1:</i><br/>No. If this policy terminates, a primary insured who does not already have portability status cannot acquire portability status. Insurance will terminate for such a primary insured.</p> <p><i>Option 2:</i><br/>Yes. A primary insured can acquire portability status [provided there is a minimum of <u>\$250</u> in the certificate’s net cash value on the date this policy terminates. If this minimum net cash value requirement is not met, insurance will terminate for such a primary insured.]</p>  | 1, 3, 4       |
| 10     | \$10,000 in “What are the minimum and maximum face amounts of insurance that can be continued?”   | 7             |
| 10     | The answer to “Can an owner request a change in the face amount of insurance for a primary insured with portability status?”  | 1, 3, 4, 7    |
| 10     | The answer to “Can an owner apply for any additional insurance benefits provided by rider while the primary insured has portability status?”  | 1, 3          |
| 10     | <p>The answer to “What happens to insurance being continued under the portability provisions if this policy terminates?”</p> <p>✓ Also may be replaced with either of the following:</p> <p><i>Option 1:</i><br/>Upon termination of this policy, insurance then in force on retirees with portability status will terminate. Notwithstanding anything in this policy to the contrary, termination of this policy will not terminate insurance on all other primary insureds with portability status. This policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the plan sponsor.</p> <p><i>Option 2</i><br/>Upon termination of this policy, insurance then in force on a primary insured with portability status will terminate if the primary insured is eligible under a successor plan. Notwithstanding anything in the policy to the contrary, termination of this policy will not terminate insurance on primary insureds with portability status who are not eligible under a successor plan. This policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the plan sponsor.</p> <p><i>Option 3:</i></p> | 1, 3, 4       |

## Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

| Page # | Section   | Category(ies)   |
|--------|---|---|
|        | Upon termination of this policy, insurance being continued under the portability provisions will terminate.   |   |
| 10     | Reference to 31 days in item (1) of “When does insurance on a primary insured terminate?”   | 3 (can be increased but never decreased)                    |
| 10     | The “100 <sup>th</sup> ” in item (3) of “When does insurance on a primary insured terminate?”<br>✓ This may be lowered to less than 100, but will never be more than 100.   | 4   |
| 10     | Bracketed material in items (5) and (6) of “When does insurance on a primary insured terminate?”  | 2   |
| 11     | Reference to 31 days in the first paragraph of “When does this policy terminate?”   | 7   |
| 11     | The bracketed material in the second paragraph of “When does this policy terminate?”  | 1, 2 (specific items), 3, 4, 7                              |
| 11     | “What happens to account values if this policy terminates?”   | 1, 2, 3, 4  |
| 11     | The bracketed material in “What is the conversion right?”   | 2, 3  |
| 12     | Answer to “Is there a suicide exclusion?”   | 1, 3, 4   |
| 12     | “Can a certificate be assigned?”<br>✓ Also may be replaced with either of the following:<br><br><i>Option 1:</i><br>“No. Insurance under this policy is not assignable prior to loss. Minnesota Life assumes no responsibility for the validity or effect of any assignment.”<br><br><i>Option 2:</i><br>“Yes. We will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, the certificate holder files the original instrument or a certified copy with us at our home office, and we send the certificate holder an acknowledged copy.<br><br>Assignments will be allowed only if:<br><br>(1) they are not collateral assignments or assignments for consideration; and<br>(2) they are consented to in writing by the plan sponsor and us.<br><br>We are not responsible...(same as 2 <sup>nd</sup> paragraph in form)” | 1, 2, 3, 4  |
| 12     | “Can a change of ownership for a certificate be requested?”<br>✓ Also may be replaced with the following:<br>“No. A change in ownership is an assignment and assignments are not allowed.”  | 1, 2, 4   |
| 13     | The bracketed material in “Are you our agent?”  | 1, 2  |
| 14/15  | Table A   | 3 (Maximum Risk Factors can be decreased but not increased) |

## Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

| Page # | Section | Category(ies)  |
|--------|---------|--|
| 16/17  | Table B | 7 (Minimum death benefit is based on IRC Rules and is subject to change) |
| 18     | Table C | 3 (Guaranteed Factors may be increased but not decreased)                |

### Group Universal Life Certificate of Insurance – 01-30288T

The types of variability discussed for the Group Universal Life Insurance Policy, form 01-30287T, apply to this form as well.

### Accidental Death and Dismemberment GUL Policy Rider – 01-30289T

| Page # | Section   | Category(ies)                               |
|--------|---|---|
| 1      | “primary insured” in “What does this rider provide?” and in all subsequent occurrences.<br>✓ Also may be changed to “insured employee,” “insured spouse,” or just “insured.” If “insured” is used, the following may be added to the end of this section: “For purposes of this rider, “insured” means an insured [employee, an insured spouse or an insured dependent child].” (Any combination of these three may be used.) | 1, 4  |
| 1      | Bracketed material in the 1 <sup>st</sup> paragraph of “What does accidental death or dismemberment by accidental injury mean?”   | 1, 3, 4                                     |
| 1      | Reference to 180 days in “What does accidental death or dismemberment by accidental injury mean?”   | 3, 4, 7                                     |
| 1      | The last clause of the second paragraph under “What does accidental death or dismemberment by accidental injury mean?”  | 1, 2, 3, 4                                  |
| 1      | The last two paragraphs of “What does accidental death or dismemberment by accidental injury mean?”   | 1, 2, 3, 4, 5                               |
| 1      | The exclusions listed under “What are the exclusions under this rider?”   | 1, 2 (item by item), 3, 4                   |
| 1      | The list of losses under “What is the amount of the accidental death and dismemberment benefit?”  | 1, 3, 4, 5                                  |
| 1      | The explanation of what constitutes loss underneath the list of losses in “What is the amount of the accidental death and dismemberment benefit?”   | 1, 3, 4, 5                                  |
| 1      | The last paragraph of “What is the amount of the accidental death and dismemberment benefit?”   | 1, 2, 3, 4, 5                               |
| 2      | The reference to 3% in “When will an accidental death and dismemberment benefit be payable?”  | 7, 3 (can be increased but never decreased) |
| 2      | The last clause under “To whom will we pay the benefit?”  | 1, 3, 4                                     |
| 2      | The entire “Additional Benefits” section.   | 1, 2, 3, 4, 5                               |
| 2      | Item (2) of “When does insurance on a primary insured under this rider terminate?”  | 2, 3, 7                                     |
| 3      | “Do we have the right to obtain independent medical verification?”  | 1, 2  |

## Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

### Accidental Death and Dismemberment GUL Certificate Supplement – 01-30290T

The types of variability discussed for the Accidental Death and Dismemberment GUL Policy Rider, form 01-30289T, apply to this form as well.

### Waiver of Premium GUL Policy Rider – 01-30291T

| Page # | Section   | Category(ies)  |
|--------|---|--|
| 1      | The second paragraph under “General Information”  | 1, 2, 3  |
| 1      | <p>“primary insured” in “What does this rider provide?” and in all subsequent occurrences.</p> <p>✓ Also may be changed to “insured employee,” “insured spouse,” or just “insured.” If “insured” is used, the following may be added to the end of this section: “For purposes of this rider, “insured” means an insured [employee, an insured spouse or an insured dependent child].” (Any combination of these three may be used.)</p>  | 1, 4   |
| 1      | The bracketed material including references to age 60 and nine months in the first sentence of “What is the waiver of premium benefit?”   | 1, 2, 3, 4, 7  |
| 1      | <p>The remaining bracketed material under “What is the waiver of premium benefit?”</p> <p>✓ Also, some or all of the riders may be excluded from being continued under the waiver, so the last sentence of the first paragraph may be replaced by either of the following:</p> <p><i>Option 1:</i><br/>“Continuation of insurance will include all certificate supplements applicable to the insurance on the primary insured which are in force on the date of the onset of the total disability, except for the [Accidental Death and Dismemberment GUL Certificate Supplement.]</p> <p><i>Option 2:</i><br/>“Continuation of insurance will not include any certificate supplements applicable to the insurance on the primary insured. Such supplements will terminate upon approval of a waiver of premium claim.”</p> | 1, 3, 4, 5   |
| 1      | The answer to “What is total disability?”   | 1, 3, 4, 5 (e.g., the “own occupation” period and “loss of eyes/hands/feet” are not standard provisions) |
| 1      | Items (3) and (4) under “What proof of total disability do we require?”   | 1, 2, 3, 4, 7 (to match previous references to 60 <sup>th</sup> birthday and nine months)                |
| 1      | “What are the exclusions under this rider?”   | 1, 2, 3, 4   |
| 1      | Reference to one year in “When must we be notified of a primary insured’s total disability?”  | 3  |
| 2      | Bracketed material at the end of “What is the amount of insurance   | 1, 2, 3, 4   |

## Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

| Page # | Section   | Category(ies)   |
|--------|---|---|
|        | to be continued under this rider?"  |   |
| 2      | Reference to 65 <sup>th</sup> birthday in item (1) of "How long will insurance be continued without payment of premium?"  | 3, 4, 7   |
| 2      | "What if a primary insured recovers and again becomes totally disabled?"  | 1, 2, 3, 4  |
| 2      | Items (2) and (3) under "What happens to insurance on a primary insured when the waiver of premium benefit ends?"   | 1, 2, 3, 4  |
| 2      | Reference to one year in "When must we be notified of a primary insured's death?"   | 3   |
| 2      | Reference to one year in "What if a totally disabled primary insured dies before a waiver claim is submitted and approved?"   | 3   |
| 2      | References to nine months and 60 <sup>th</sup> birthday in "What if a totally disabled primary insured dies before a waiver claim is submitted and approved?"       | 3, 4, 7 (to match previous references to 60 <sup>th</sup> birthday and nine months) |
| 2,3    | Items (2) and (3) under "When does coverage on a primary insured under this rider terminate?"   | 1, 2, 3   |
| 3      | The last paragraph of "When does this rider terminate?"   | 1, 2, 4   |
| 3      | The last sentence under "Will the monthly deduction continue to be taken from the owner's account value after the onset of the primary insured's total disability?" | 1, 2, 5   |
| 3      | The reference to one year under "What if the insurance on a primary insured lapses?"  | 3, 4, 7   |

### Waiver of Premium GUL Certificate Supplement – 01-30292T

The types of variability discussed for the Waiver of Premium GUL Policy Rider, form 01-30291T, apply to this form as well.

### Child Term Life Insurance GUL Policy Rider – 01-30293T

| Page # | Section  | Category(ies)  |
|--------|--|--|
| 1      | "primary insured" in "What does this rider provide?" and in all subsequent occurrences.<br>✓ Also may be replaced with "insured employee" or "insured spouse." | 1  |
| 1      | Answer to "Who is eligible for insurance under this rider?"  | 1, 3, 4, 7   |
| 1      | Bracketed material in "To whom will we pay the death benefit?"   | 1, 4 (e.g., may default to relatives rather than estate) |
| 1,2    | Entire "Group Universal Life Option" section   | 1, 2, 3, 4, 5  |
| 2      | Bracketed material at the end of the first paragraph of "What is the conversion right under this rider?"   | 1, 2, 5  |
| 2      | Bracketed material under the first item (1) of "What is the conversion right under this rider?"  | 1, 2   |
| 2      | Bracketed material under the second item (2) of "What is the conversion right under this rider?"   | 1, 2   |

## Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

### Child Term Life Insurance GUL Certificate Supplement – 01-30294T

The types of variability discussed for the Child Term Life Insurance GUL Policy Rider, form 01-30293T, apply to this form as well.

### Dependents Term Life Insurance GUL Policy Rider – 01-30295T

| Page # | Section  | Category(ies)  |
|--------|--|--|
| 1      | Answer to “Who is eligible for insurance under this rider?”  | 1, 3, 4, 7   |
| 1      | Bracketed material in “To whom will we pay the death benefit?”   | 1, 4 (e.g., may default to relatives rather than estate) |
| 1,2    | Entire “Group Universal Life Option” section   | 1, 2, 3, 4, 5  |
| 2      | Bracketed material at the end of the first paragraph of “What is the conversion right under this rider?” | 1, 2, 5  |
| 2      | Bracketed material under the first item (1) of “What is the conversion right under this rider?”          | 1, 2   |
| 2      | Bracketed material under the second item (2) of “What is the conversion right under this rider?”         | 1, 2   |

### Dependents Term Life Insurance GUL Certificate Supplement – 01-30296T

The types of variability discussed for the Dependents Term Life Insurance GUL Policy Rider, form 01-30295T, apply to this form as well.

### Accelerated Benefits GUL Policy Rider – 01-30297T

| Page # | Section   | Category(ies) |
|--------|---|---------------|
| 1      | “either the full or a partial amount of” in “What does this rider provide?”<br>✓ Also may limit it to “full” only or “partial” only | 2, 4          |
| 1      | Last sentence in “What does this rider provide?”  | 1, 2, 3       |
| 1      | Bracketed material in first sentence of “What is a terminal condition?”   | 1, 3, 4, 7    |
| 1      | The last sentence of “What is a terminal condition?”  | 2, 3, 4       |
| 1      | Bracketed material under “What is the accelerated benefit?”   | 1, 2, 3       |
| 1      | Reference to a processing charge under “What is the accelerated benefit?”   | 1, 2, 3, 7    |
| 1      | Reference to a dependent under “Who may request an accelerated benefit?”  | 1, 2          |
| 1      | Items (2) and (3) under “When can an accelerated benefit be requested?”   | 1, 2, 3, 4    |
| 1      | \$10,000 in “Is there a minimum death benefit that can be accelerated?”   | 7             |
| 1      | Bracketed area in “Is there a maximum death benefit that can be accelerated?”   | 7             |
| 1      | “Is a partial accelerated benefit available?”   | 1, 2, 3, 4, 7 |
| 1,2    | Answer to “What is the effect of an accelerated benefit?”   | 1, 3, 4       |
| 2      | “Do we have the right to obtain independent medical verification?”  | 1, 2, 3       |

## Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

### Accelerated Benefits GUL Certificate Supplement – 01-30298T

The types of variability discussed for the Accelerated Benefits GUL Policy Rider, form 01-30297T, apply to this form as well.

### Plan Sponsor-Owned Life Insurance GUL Policy Rider – 01-30299T

| Page # | Section                          | Category(ies) |
|--------|----------------------------------|---------------|
| 1      | The entire "Portability" section | 2, 3, 4       |

### Plan Sponsor-Owned Life Insurance GUL Certificate Supplement – 01-30300T

The types of variability discussed for the Plan Sponsor-Owned Life Insurance GUL Policy Rider, form 01-30299T, apply to this form as well.

### Surrender Charge GUL Policy Rider – 01-30301T

| Page # | Section   | Category(ies)                                   |
|--------|---|---|
| 1      | Answer to "Under what conditions is a surrender charge assessed?" | 1, 3, 4, 7                                      |
| 1      | Bracketed material in "What is the maximum surrender charge?"     | 2, 3, 4, 7                                      |
| 2      | Maximum Surrender Charge Table                                    | 3 (charges may be decreased, but not increased) |

### Surrender Charge GUL Certificate Supplement – 01-30302T

The types of variability discussed for the Surrender Charge GUL Policy Rider, form 01-30301T, apply to this form as well.

# Manual of Variable Text – GUL2

Forms 01-30287T et. al.

Revised 4-1-2011

## Group Universal Life Plan Sponsor Application – 01-30303T

The majority of this is standard John Doe material (Category 6). Those that do not fit into this category:

| Page # | Section                              | Category(ies) |
|--------|--------------------------------------|---------------|
| 1      | Waiver of Premium Provision Standard | 3, 4, 7       |
| 1      | Eligible Spouse/Children Standard    | 3, 4, 7       |

## Group Universal Life Employee Application – 01-30304T

## Group Universal Life Employee Application – 01-30305T

## Group Universal Life Spouse Application – 01-30306T

## Group Universal Life Spouse Application – 01-30307T

## Group Life Insurance Evidence of Insurability – 01-30308T

Much of this is standard John Doe material (Category 6). The other things marked as variable are administrative in nature, so we have bracketed all of the section headings to allow us to customize the forms for a given client. For example, there may be no child coverage on a case, so we'd remove reference to children. Or a client may prefer to use the word "Associate" instead of "Employee". We need to maintain flexibility on these forms without affecting the required information of the Health Questions, the Consumer Privacy Notice and the MIB authorization statement, all of which are **not** marked as variable text with the exception of page number references to the "Additional Health Information" section. As to the other questions on the form:

- The tobacco/nicotine questions would fall under Categories 1, 2, 3 and 4
- The actively at work questions would fall under Categories 1, 3, 4 and 7
- The "receiving disability income, confined, etc." question for spouses would fall under Categories 1, 2, 3 and 4

## GUL Policy Specifications Page – F. 56591T

## GUL Certificate Specifications Page – F. 56592T

These pages are where the plan specifics for a given plan sponsor/insured are described. This information is by nature standard John Doe material and therefore all of this would fall under Category 6.

## GUL Marketing Material

Any bracketed area found in the enclosed marketing material is meant to allow the Company to modify the standard piece to a plan sponsor's actual plan of insurance without having to refile.

MINNESOTA LIFE INSURANCE COMPANY  
GROUP UNIVERSAL LIFE INSURANCE  
ACTUARIAL BASIS MEMORANDUM

Revised 4-1-2011

This policy is a flexible premium, flexible benefit plan of life insurance. It is commonly referred to as Universal Life. This product will be marketed to employee groups. There is no differentiation in the product by gender.

There are two death benefit options. The first pays the face amount (Level Death Benefit Option), while the second pays the face amount plus the current Account Value (Increasing Death Benefit Option). The owner selects the face amount at issue. The owner has the right to change the face amount (increases subject to evidence of insurability) and change the death benefit option once (if the plan sponsor chooses to give the owners this policy provision). The Company may adjust the death benefit to qualify the policy as life insurance under the Internal Revenue Code. The test for qualification will be the cash value accumulation test.

The policy states a Scheduled Premium. This is the premium the owner expects to pay on a regular basis. The owner has the right to pay more or less than the Scheduled Premium or to make additional premium payments (Lump Sum Premium).

The cash surrender value is the Account Value plus accrued loan interest credits less the outstanding loan principal, accrued loan interest charges and surrender charges. The Account Value is an accumulation at interest of the net premium less the monthly deduction for expenses, cost of insurance and additional benefits provided by rider.

ACCOUNT VALUE

The Account Value is determined on each business day. For illustrative purposes, the formula below details how the account value would be determined if it was calculated only at each monthly anniversary. This formula assumes that premiums are paid at the beginning of the policy month, that withdrawals are made at the end of the policy month, and that no loans have been taken against the certificate. If these items occur at some other time during the month, the interest credited to the Account Value is adjusted.

Actuarial Memorandum  
Page 2

$$AV_t = (AV_{t-1} + GP_t - PC_t) (1+i^{(12)}) - COI_t - MAF - RC_t - W_t$$

Where:

$AV_t$  = Account Value at the end of month t.

$GP_t$  = Gross premium paid in month t.

$PC_t$  = Percentage-of-premium charge for month t. The percentage-of-premium charge will not be greater than 5% of the gross premium.

$i^{(12)}$  = Credited interest rate during the month. The current rate cannot be less than 1.5% annually (0.12415% monthly).

$COI_t$  = Monthly cost of insurance charge for month t.

$$= r_{x+t} \times NAR_t$$

$NAR_t$  = Net Amount at Risk at end of month t.

$$= (FA_t - Z_t) \text{ for Level Death Benefit Option}$$

$$= (FA_t) \text{ for Increasing Death Benefit Option}$$

= (Minimum Death Benefit -  $Z_t$ ) for both death benefit options if the Minimum Death Benefit is in effect. The minimum death benefit is the amount determined by us that is required to preserve the qualification of the certificate as a life insurance policy as defined by Section 7702 of the Internal Revenue Code. Our current minimum death benefit factors are attached in Table C.

$r_{x+t}$  = Risk factor at attained age x+t. The maximum factors depend on nicotine-use status and are shown in Table A attached. Rates lower than these maximums are anticipated. The maximum factors are based on 200% of the 2001 CSO mortality tables.

$FA_t$  = Face amount payable at the end of month t.

$Z_t$  = Account value immediately preceding deduction of  $COI_t$ .

$$= (AV_{t-1} + GP_t - PE_t) (1 + i^{(12)}) - PW_t$$

$MAF$  = Monthly administration fee. This fee will not be greater than \$4.00.

$RC_t$  = Rider charges for month t.

$W_t$  = Withdrawal in month t (including any processing fee).

CASH SURRENDER VALUE

The Cash Surrender Value of the policy is (assuming no loans against the certificate):

$$CSV_t = AV_t - SC_t$$

Where  $SC_t$  = Surrender charge applicable in the  $t^{th}$  month.

The surrender charge is guaranteed at issue. The initial surrender charge will grade linearly to zero over a period not to exceed ten years. The initial surrender charge will always be less than or equal to the maximum expense defined by the Standard Nonforfeiture Law.

COMPARISON OF CASH SURRENDER VALUES AND MINIMUM NONFORFEITURE REQUIREMENTS

The NAIC Model Universal Life Insurance Regulation defines minimum cash values as accumulated premiums less accumulated benefit charges (including riders), expense charges, withdrawals and service charges and less the unamortized expense allowances. The expense allowance is that defined in the Standard Nonforfeiture Law (SNL):

$$E_x = .01 \text{ ELA} + 1.25 \min \left[ \frac{P_x}{.04(\text{ELA})} \right]$$

where  $P_x$  = Net level premium assuming the maximum benefit and premium period for the policy (endowment at 100) and a face amount equal to the initial amount of insurance.

$\text{ELA}$  = Equivalent level amount. This is the ten-year average death benefit, equal to the face amount in this case.

The unamortized expense allowance at the end of each year is computed by:

$$E_x \cdot \frac{\ddot{a}_{x+s-1 : \overline{100-x-s+1}|}}{\ddot{a}_{x : \overline{100-x}|}}$$

where  $x$  = issue age  
 $s$  = policy year

We have restricted the Surrender Charges to be less than or equal to the SNL expense allowances ( $E_x$ ). Table B attached illustrates the maximum Surrender Charge. Since this product does not distinguish values by sex, the maximum Surrender Charge ( $E_x$ ) has been computed using female mortality of the 2001 CSO, ALB table (the female table produces lower expense allowances than the male table). The rate of interest used is 4.0%.

It must also be demonstrated that the amortization of the policy surrender charge is such that the charge in any year following issue is not greater than the maximum charge allowed. The maximum amortization ratio is:

$$\frac{\ddot{a}_{x+s-1 : 100-x-s+1}}{\ddot{a}_{x : 100-x}}$$

using the mortality and interest guaranteed in the policy. It can be shown that these annuity ratios increase with younger issue ages. Therefore, if compliance is met at the highest issue age, it will be met at all issue ages.

The table below demonstrates that the amortization ratio for the policy surrender charge is always less than or equal to that allowed at an issue age of 90, for both nicotine and non-nicotine users. Age 90 is used because we do not expect to issue policies to individuals greater than this age.

Comparison of Amortization Schedules

| <u>Policy Year</u> | <u>Policy</u> | <u>Non-nicotine<br/>Maximum (Age 90)</u> | <u>Nicotine<br/>Maximum (Age 90)</u> |
|--------------------|---------------|--|--------------------------------------|
| 1                  | 100%          | 100.0%                                   | 100.0%                               |
| 2                  | 90            | 93.5                                     | 94.6                                 |
| 3                  | 80            | 86.6                                     | 88.5                                 |
| 4                  | 70            | 79.4                                     | 81.9                                 |
| 5                  | 60            | 72.1                                     | 75.0                                 |
| 6                  | 50            | 64.6                                     | 67.7                                 |
| 7                  | 40            | 56.7                                     | 59.9                                 |
| 8                  | 30            | 47.8                                     | 51.0                                 |
| 9                  | 20            | 36.4                                     | 39.3                                 |
| 10 *               | 10            | 21.1                                     | 23.0                                 |

\* After ten years there is no surrender charge on this policy. The SNL Expense Allowance would continue to amortize over the life of the policy.

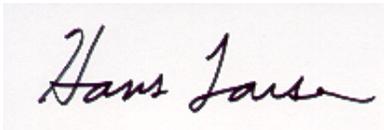
In conclusion, this policy provides cash surrender values that are greater than or equal to the minimum requirements.

PAID-UP BENEFITS

For any month in which no premium is received, the policy will be treated as paid-up term insurance. The rates for computing the cost of paid-up insurance will be the same as those used while on a premium paying status. The paid-up term period will run until the maturity date or until the cash surrender values are no longer sufficient to purchase term protection, at which time the policy will terminate in accordance with the grace period provision.

RESERVES

Reserves for this plan will be based on the Commissioner's Reserve Valuation method as described in NAIC Model Universal Life Insurance Regulation. However, in no event will total reserves be less than the accumulated Cash Surrender Values (recognizing actual premium paid, interest credited, and mortality charged).



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Hans Larsen, FSA  
Associate Actuary  
Minnesota Life Insurance Company

April 25, 2011  
Date

TABLE A

## MINNESOTA LIFE INSURANCE COMPANY

Guaranteed Maximum Monthly Risk Factor  
on a Nicotine-Distinct Basis  
per \$1,000 Net Amount at Risk

| <u>Attained Age</u> | <u>Maximum Monthly Risk Factor</u> |                 | <u>Attained Age</u> | <u>Maximum Monthly Risk Factor</u> |                 | <u>Attained Age</u> | <u>Maximum Monthly Risk Factor</u> |                 |
|---------------------|------------------------------------|-----------------|---------------------|------------------------------------|-----------------|---------------------|------------------------------------|-----------------|
|                     | <u>Non-Nicotine</u>                | <u>Nicotine</u> |                     | <u>Non-Nicotine</u>                | <u>Nicotine</u> |                     | <u>Non-Nicotine</u>                | <u>Nicotine</u> |
| 10                  | 0.038                              | 0.038           | 40                  | 0.243                              | 0.460           | 70                  | 3.943                              | 6.258           |
| 11                  | 0.045                              | 0.045           | 41                  | 0.263                              | 0.502           | 71                  | 4.360                              | 6.800           |
| 12                  | 0.055                              | 0.055           | 42                  | 0.288                              | 0.552           | 72                  | 4.842                              | 7.418           |
| 13                  | 0.063                              | 0.063           | 43                  | 0.317                              | 0.612           | 73                  | 5.352                              | 8.050           |
| 14                  | 0.082                              | 0.082           | 44                  | 0.350                              | 0.678           | 74                  | 5.898                              | 8.732           |
| 15                  | 0.100                              | 0.100           | 45                  | 0.385                              | 0.747           | 75                  | 6.493                              | 9.480           |
| 16                  | 0.117                              | 0.130           | 46                  | 0.422                              | 0.817           | 76                  | 7.162                              | 10.305          |
| 17                  | 0.130                              | 0.153           | 47                  | 0.453                              | 0.880           | 77                  | 7.932                              | 11.247          |
| 18                  | 0.137                              | 0.170           | 48                  | 0.482                              | 0.933           | 78                  | 8.815                              | 12.312          |
| 19                  | 0.140                              | 0.182           | 49                  | 0.517                              | 1.002           | 79                  | 9.798                              | 13.477          |
| 20                  | 0.142                              | 0.193           | 50                  | 0.560                              | 1.083           | 80                  | 10.907                             | 14.775          |
| 21                  | 0.142                              | 0.203           | 51                  | 0.613                              | 1.187           | 81                  | 12.130                             | 16.190          |
| 22                  | 0.143                              | 0.212           | 52                  | 0.677                              | 1.310           | 82                  | 13.418                             | 17.640          |
| 23                  | 0.145                              | 0.223           | 53                  | 0.750                              | 1.453           | 83                  | 14.810                             | 19.168          |
| 24                  | 0.147                              | 0.237           | 54                  | 0.840                              | 1.622           | 84                  | 16.347                             | 20.862          |
| 25                  | 0.150                              | 0.248           | 55                  | 0.940                              | 1.800           | 85                  | 18.015                             | 22.700          |
| 26                  | 0.157                              | 0.262           | 56                  | 1.045                              | 1.988           | 86                  | 19.857                             | 24.697          |
| 27                  | 0.162                              | 0.272           | 57                  | 1.148                              | 2.163           | 87                  | 21.887                             | 26.868          |
| 28                  | 0.160                              | 0.273           | 58                  | 1.252                              | 2.333           | 88                  | 24.018                             | 29.090          |
| 29                  | 0.158                              | 0.275           | 59                  | 1.370                              | 2.530           | 89                  | 26.198                             | 31.282          |
| 30                  | 0.157                              | 0.277           | 60                  | 1.512                              | 2.763           | 90                  | 28.175                             | 33.138          |
| 31                  | 0.157                              | 0.280           | 61                  | 1.682                              | 3.045           | 91                  | 30.035                             | 34.770          |
| 32                  | 0.160                              | 0.287           | 62                  | 1.878                              | 3.365           | 92                  | 32.183                             | 36.653          |
| 33                  | 0.165                              | 0.298           | 63                  | 2.090                              | 3.705           | 93                  | 34.655                             | 38.783          |
| 34                  | 0.172                              | 0.312           | 64                  | 2.313                              | 4.048           | 94                  | 37.483                             | 41.360          |
| 35                  | 0.180                              | 0.327           | 65                  | 2.545                              | 4.387           | 95                  | 40.455                             | 44.230          |
| 36                  | 0.190                              | 0.347           | 66                  | 2.783                              | 4.722           | 96                  | 43.413                             | 47.010          |
| 37                  | 0.202                              | 0.370           | 67                  | 3.035                              | 5.067           | 97                  | 45.887                             | 49.207          |
| 38                  | 0.213                              | 0.397           | 68                  | 3.302                              | 5.422           | 98                  | 47.843                             | 50.767          |
| 39                  | 0.227                              | 0.425           | 69                  | 3.598                              | 5.812           | 99                  | 50.475                             | 53.020          |

TABLE A

## MINNESOTA LIFE INSURANCE COMPANY

Guaranteed Maximum Monthly Risk Factor  
on a Uni-Nicotine Basis  
per \$1,000 Net Amount at Risk

| <u>Attained Age</u> | <u>Maximum Monthly Risk Factor</u> | <u>Attained Age</u> | <u>Maximum Monthly Risk Factor</u> | <u>Attained Age</u> | <u>Maximum Monthly Risk Factor</u> |
|---------------------|------------------------------------|---------------------|------------------------------------|---------------------|------------------------------------|
|                     | <u>Uni-Nicotine</u>                |                     | <u>Uni-Nicotine</u>                |                     | <u>Uni-Nicotine</u>                |
| 10                  | 0.045                              | 40                  | 0.273                              | 70                  | 4.200                              |
| 11                  | 0.055                              | 41                  | 0.297                              | 71                  | 4.623                              |
| 12                  | 0.063                              | 42                  | 0.325                              | 72                  | 5.112                              |
| 13                  | 0.082                              | 43                  | 0.358                              | 73                  | 5.625                              |
| 14                  |                                    | 44                  | 0.395                              | 74                  | 6.178                              |
|                     | 0.100                              |                     |                                    |                     |                                    |
| 15                  | 0.118                              | 45                  | 0.435                              | 75                  | 6.785                              |
| 16                  | 0.133                              | 46                  | 0.477                              | 76                  | 7.462                              |
| 17                  | 0.142                              | 47                  | 0.512                              | 77                  | 8.242                              |
| 18                  | 0.147                              | 48                  | 0.543                              | 78                  | 9.135                              |
| 19                  |                                    | 49                  | 0.582                              | 79                  | 10.127                             |
|                     | 0.148                              |                     |                                    |                     |                                    |
| 20                  | 0.152                              | 50                  | 0.628                              | 80                  | 11.243                             |
| 21                  | 0.153                              | 51                  | 0.688                              | 81                  | 12.475                             |
| 22                  | 0.155                              | 52                  | 0.758                              | 82                  | 13.767                             |
| 23                  | 0.158                              | 53                  | 0.842                              | 83                  | 15.157                             |
| 24                  |                                    | 54                  | 0.940                              | 84                  | 16.695                             |
|                     | 0.163                              |                     |                                    |                     |                                    |
| 25                  | 0.172                              | 55                  | 1.048                              | 85                  | 18.363                             |
| 26                  | 0.177                              | 56                  | 1.165                              | 86                  | 20.203                             |
| 27                  | 0.177                              | 57                  | 1.277                              | 87                  | 22.225                             |
| 28                  | 0.175                              | 58                  | 1.387                              | 88                  | 24.348                             |
| 29                  |                                    | 59                  | 1.513                              | 89                  | 26.508                             |
|                     | 0.175                              |                     |                                    |                     |                                    |
| 30                  | 0.175                              | 60                  | 1.663                              | 90                  | 28.452                             |
| 31                  | 0.178                              | 61                  | 1.845                              | 91                  | 30.273                             |
| 32                  | 0.183                              | 62                  | 2.053                              | 92                  | 32.385                             |
| 33                  | 0.190                              | 63                  | 2.278                              | 93                  | 34.815                             |
| 34                  |                                    | 64                  | 2.515                              | 94                  | 37.615                             |
|                     | 0.198                              |                     |                                    |                     |                                    |
| 35                  | 0.210                              | 65                  | 2.760                              | 95                  | 40.572                             |
| 36                  | 0.223                              | 66                  | 3.008                              | 96                  | 43.513                             |
| 37                  | 0.238                              | 67                  | 3.270                              | 97                  | 45.952                             |
| 38                  | 0.255                              | 68                  | 3.545                              | 98                  | 47.858                             |
| 39                  | 0.045                              | 69                  | 3.850                              | 99                  | 50.475                             |

TABLE B

## MINNESOTA LIFE INSURANCE COMPANY

Maximum Surrender Charge  
per \$1,000 of Insurance

| <u>Issue Age</u> | <u>Maximum Surrender Charge</u> | <u>Issue Age</u> | <u>Maximum Surrender Charge</u> | <u>Issue Age</u> | <u>Maximum Surrender Charge</u> |
|------------------|---------------------------------|------------------|---------------------------------|------------------|---------------------------------|
| 10               | \$14.84                         | 40               | \$ 27.54                        | 70               | \$ 60.00                        |
| 11               | 15.05                           | 41               | 28.37                           | 71               | 60.00                           |
| 12               | 15.27                           | 42               | 29.24                           | 72               | 60.00                           |
| 13               | 15.51                           | 43               | 30.16                           | 73               | 60.00                           |
| 14               | 15.76                           | 44               | 31.14                           | 74               | 60.00                           |
| 15               | 16.02                           | 45               | 32.17                           | 75               | 60.00                           |
| 16               | 16.29                           | 46               | 33.25                           | 76               | 60.00                           |
| 17               | 16.55                           | 47               | 34.40                           | 77               | 60.00                           |
| 18               | 16.82                           | 48               | 35.60                           | 78               | 60.00                           |
| 19               | 17.11                           | 49               | 36.86                           | 79               | 60.00                           |
| 20               | 17.41                           | 50               | 38.18                           | 80               | 60.00                           |
| 21               | 17.72                           | 51               | 39.57                           | 81               | 60.00                           |
| 22               | 18.04                           | 52               | 41.02                           | 82               | 60.00                           |
| 23               | 18.38                           | 53               | 42.54                           | 83               | 60.00                           |
| 24               | 18.74                           | 54               | 44.13                           | 84               | 60.00                           |
| 25               | 19.12                           | 55               | 45.80                           | 85               | 60.00                           |
| 26               | 19.51                           | 56               | 47.56                           | 86               | 60.00                           |
| 27               | 19.92                           | 57               | 49.39                           | 87               | 60.00                           |
| 28               | 20.35                           | 58               | 51.33                           | 88               | 60.00                           |
| 29               | 20.80                           | 59               | 53.36                           | 89               | 60.00                           |
| 30               | 21.27                           | 60               | 55.51                           | 90               | 60.00                           |
| 31               | 21.77                           | 61               | 57.78                           | 91               | 60.00                           |
| 32               | 22.29                           | 62               | 60.00                           | 92               | 60.00                           |
| 33               | 22.84                           | 63               | 60.00                           | 93               | 60.00                           |
| 34               | 23.42                           | 64               | 60.00                           | 94               | 60.00                           |
| 35               | 24.02                           | 65               | 60.00                           | 95               | 60.00                           |
| 36               | 24.65                           | 66               | 60.00                           | 96               | 60.00                           |
| 37               | 25.32                           | 67               | 60.00                           | 97               | 60.00                           |
| 38               | 26.02                           | 68               | 60.00                           | 98               | 60.00                           |
| 39               | 26.76                           | 69               | 60.00                           | 99               | 60.00                           |

TABLE C

## MINNESOTA LIFE INSURANCE COMPANY

Minimum Death Benefit as a Percentage of Account Value  
on a Nicotine-Distinct Basis

| Attained<br>Age | Minimum<br>Death Benefit |          | Attained<br>Age | Minimum<br>Death Benefit |          | Attained<br>Age | Minimum<br>Death Benefit |          |
|-----------------|--------------------------|----------|-----------------|--------------------------|----------|-----------------|--------------------------|----------|
|                 | Non-Nicotine             | Nicotine |                 | Non-Nicotine             | Nicotine |                 | Non-Nicotine             | Nicotine |
| 10              | 1161%                    | 937%     | 40              | 413%                     | 341%     | 70              | 165%                     | 152%     |
| 11              | 1119%                    | 903%     | 41              | 399%                     | 330%     | 71              | 161%                     | 149%     |
| 12              | 1079%                    | 870%     | 42              | 385%                     | 319%     | 72              | 157%                     | 147%     |
| 13              | 1041%                    | 839%     | 43              | 372%                     | 309%     | 73              | 154%                     | 144%     |
| 14              | 1005%                    | 809%     | 44              | 359%                     | 299%     | 74              | 151%                     | 141%     |
| 15              | 970%                     | 780%     | 45              | 347%                     | 290%     | 75              | 147%                     | 139%     |
| 16              | 938%                     | 753%     | 46              | 336%                     | 281%     | 76              | 144%                     | 136%     |
| 17              | 907%                     | 728%     | 47              | 325%                     | 273%     | 77              | 141%                     | 134%     |
| 18              | 877%                     | 704%     | 48              | 314%                     | 265%     | 78              | 139%                     | 132%     |
| 19              | 849%                     | 681%     | 49              | 304%                     | 257%     | 79              | 136%                     | 130%     |
| 20              | 821%                     | 659%     | 50              | 294%                     | 249%     | 80              | 134%                     | 128%     |
| 21              | 794%                     | 637%     | 51              | 285%                     | 242%     | 81              | 131%                     | 126%     |
| 22              | 768%                     | 617%     | 52              | 276%                     | 235%     | 82              | 129%                     | 125%     |
| 23              | 743%                     | 597%     | 53              | 267%                     | 228%     | 83              | 127%                     | 123%     |
| 24              | 718%                     | 578%     | 54              | 258%                     | 222%     | 84              | 125%                     | 122%     |
| 25              | 694%                     | 559%     | 55              | 250%                     | 216%     | 85              | 123%                     | 120%     |
| 26              | 671%                     | 541%     | 56              | 243%                     | 210%     | 86              | 122%                     | 119%     |
| 27              | 649%                     | 524%     | 57              | 236%                     | 205%     | 87              | 120%                     | 118%     |
| 28              | 627%                     | 507%     | 58              | 229%                     | 200%     | 88              | 119%                     | 117%     |
| 29              | 606%                     | 491%     | 59              | 222%                     | 195%     | 89              | 118%                     | 116%     |
| 30              | 585%                     | 475%     | 60              | 215%                     | 190%     | 90              | 116%                     | 115%     |
| 31              | 565%                     | 460%     | 61              | 209%                     | 185%     | 91              | 115%                     | 114%     |
| 32              | 546%                     | 445%     | 62              | 203%                     | 181%     | 92              | 114%                     | 113%     |
| 33              | 527%                     | 430%     | 63              | 198%                     | 177%     | 93              | 113%                     | 112%     |
| 34              | 509%                     | 416%     | 64              | 193%                     | 173%     | 94              | 112%                     | 111%     |
| 35              | 491%                     | 402%     | 65              | 187%                     | 169%     | 95              | 111%                     | 110%     |
| 36              | 475%                     | 389%     | 66              | 183%                     | 165%     | 96              | 109%                     | 109%     |
| 37              | 458%                     | 376%     | 67              | 178%                     | 162%     | 97              | 108%                     | 107%     |
| 38              | 442%                     | 364%     | 68              | 174%                     | 159%     | 98              | 106%                     | 106%     |
| 39              | 427%                     | 352%     | 69              | 169%                     | 155%     | 99              | 103%                     | 103%     |

TABLE C

## MINNESOTA LIFE INSURANCE COMPANY

Minimum Death Benefit as a Percentage of Account Value  
on a Uni-Nicotine Basis

| <u>Attained Age</u> | <u>Minimum Death Benefit</u> | <u>Attained Age</u> | <u>Minimum Death Benefit</u> | <u>Attained Age</u> | <u>Minimum Death Benefit</u> |
|---------------------|------------------------------|---------------------|------------------------------|---------------------|------------------------------|
|                     | <u>Uni-Nicotine</u>          |                     | <u>Uni-Nicotine</u>          |                     | <u>Uni-Nicotine</u>          |
| 10                  | 1125%                        | 40                  | 402%                         | 70                  | 164%                         |
| 11                  | 1084%                        | 41                  | 388%                         | 71                  | 160%                         |
| 12                  | 1045%                        | 42                  | 375%                         | 72                  | 156%                         |
| 13                  | 1008%                        | 43                  | 362%                         | 73                  | 153%                         |
| 14                  | 973%                         | 44                  | 350%                         | 74                  | 150%                         |
| 15                  | 939%                         | 45                  | 339%                         | 75                  | 146%                         |
| 16                  | 908%                         | 46                  | 328%                         | 76                  | 143%                         |
| 17                  | 878%                         | 47                  | 317%                         | 77                  | 141%                         |
| 18                  | 849%                         | 48                  | 307%                         | 78                  | 138%                         |
| 19                  | 822%                         | 49                  | 297%                         | 79                  | 135%                         |
| 20                  | 795%                         | 50                  | 288%                         | 80                  | 133%                         |
| 21                  | 769%                         | 51                  | 279%                         | 81                  | 131%                         |
| 22                  | 744%                         | 52                  | 270%                         | 82                  | 129%                         |
| 23                  | 719%                         | 53                  | 261%                         | 83                  | 127%                         |
| 24                  | 696%                         | 54                  | 253%                         | 84                  | 125%                         |
| 25                  | 673%                         | 55                  | 246%                         | 85                  | 123%                         |
| 26                  | 650%                         | 56                  | 238%                         | 86                  | 122%                         |
| 27                  | 629%                         | 57                  | 231%                         | 87                  | 120%                         |
| 28                  | 608%                         | 58                  | 225%                         | 88                  | 119%                         |
| 29                  | 588%                         | 59                  | 218%                         | 89                  | 118%                         |
| 30                  | 568%                         | 60                  | 212%                         | 90                  | 116%                         |
| 31                  | 549%                         | 61                  | 206%                         | 91                  | 115%                         |
| 32                  | 530%                         | 62                  | 200%                         | 92                  | 114%                         |
| 33                  | 512%                         | 63                  | 195%                         | 93                  | 113%                         |
| 34                  | 494%                         | 64                  | 190%                         | 94                  | 112%                         |
| 35                  | 478%                         | 65                  | 185%                         | 95                  | 111%                         |
| 36                  | 461%                         | 66                  | 180%                         | 96                  | 109%                         |
| 37                  | 445%                         | 67                  | 176%                         | 97                  | 108%                         |
| 38                  | 430%                         | 68                  | 172%                         | 98                  | 106%                         |
| 39                  | 416%                         | 69                  | 168%                         | 99                  | 103%                         |