

SERFF Tracking Number: MNNL-127056606 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 48121
Company Tracking Number: 11-110.03
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Secure Whole Life Custom Pay
Project Name/Number: Secure Whole Life Custom Pay/11-110.03

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Secure Whole Life Custom Pay SERFF Tr Num: MNNL-127056606 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 48121
Closed

Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: 11-110.03 State Status: Approved-Closed
Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Carol Ouhl, Susan Disposition Date: 03/07/2011

Johnson, Matthew Harrington,

Joyce Townsend

Date Submitted: 03/01/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Secure Whole Life Custom Pay

Project Number: 11-110.03

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Domicile state,
Minnesota, pending review by Interstate
Compact

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/07/2011

State Status Changed: 03/07/2011

Deemer Date:

Submitted By: Carol Ouhl

Filing Description:

Created By: Carol Ouhl

Corresponding Filing Tracking Number:

This filing is new and does not replace any previously approved forms. This fixed premium, participating, Whole Life policy will be available to the general public, ages 0 to 90. The policy will be sold with, and require, a signed illustration. Face amounts allowed are between \$10,000 to \$999 million. This product will be issued as sex-distinct unless the 09-E1517 Unisex Amendment is included in the issue. Policies issued as sex-distinct will not be issued in any employer-

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employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

This product is identical to our whole life product 09-110.03 approved May 15, 2009 under SERFF #MNNL-126122998; State tracking #42184 except that this allows for the purchase of a paid up policy at any one of the allowable periods shown on the Statement of Variability. It will be distributed by our career sales force as well as our independent broker sales distribution arm. The distribution system will be point of sale, face to face between our representatives and their clients.

Previously approved optional agreements are intended to be offered with this new product. All of the forms below being offered were approved under the SERFF filing for the product listed above.

09-902 Guaranteed Insurability Option with Waiver Agreement
09-903 Guaranteed Insurability Option Agreement
09-904 Children's Term Agreement
09-914 Exchange of Insureds Agreement
09-917 Waiver of Premium Agreement
09-918 Accidental Death Benefit Agreement
09-921 Additional Insurance Agreement
09-931 Accelerated Death Benefit Agreement
09-934 Single Premium Paid-Up Additional Insurance Agreement
09-E1517 Unisex Amendment

A Statement of Variability is included. Minnesota Life Insurance Company certifies that any change or modification to a variable item outside stated ranges shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification. An application for this product is attached as an exhibit in the Supporting Documentation tab.

Company and Contact

Filing Contact Information

Carol Ouhl, Senior Product Compliance Analyst carol.ouhl@securian.com
400 ROBERT STREET NORTH 651-665-3507 [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:

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St. Paul, MN 55101-2098 FEIN Number: 41-0417830
(651) 665-3500 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Life ins form at \$50.00 per form for policy, rider, etc. Filing one policy.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$50.00	03/01/2011	45141412

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/07/2011	03/07/2011

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Disposition

Disposition Date: 03/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Secure Whole Life Policy		Yes

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Form Schedule

Lead Form Number: 11-110.03

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	11-110.03	Policy/Contract/Certificate	Secure Whole Life Fraternal Policy	Initial		51.100	11-110.03 Secure WL Custom Pay Policy.pdf

SECURE WHOLE LIFE POLICY

[Insured John A Doe]
[Policy Number: 1-000-000W]
[Policy Date: Aug 01 2009]

NOTICE: IF THIS POLICY CONTAINS AN ACCIDENTAL DEATH BENEFIT AGREEMENT, OR A WAIVER OF PREMIUM AGREEMENT, READ THE LIMITATIONS IN THOSE AGREEMENTS CAREFULLY FOR EXCLUSIONS OF COVERAGE DUE TO WAR.

Face Amount payable at death
Premiums paid to the date shown on the policy data pages
Participating

READ YOUR POLICY CAREFULLY

THIS IS A LEGAL CONTRACT

Subject to the provisions of this policy, we promise to pay to the beneficiary the death proceeds when we receive proof satisfactory to us of the insured's death.

This policy, including any change of it, is issued in consideration of the application for this policy and the payment of the premiums.

The owner and the beneficiary are as named in the initial application unless they are changed as provided in this policy.

Signed for Minnesota Life Insurance Company, a stock company, at St. Paul, Minnesota, on the policy date.

 [Dennis E. Fudusky] Secretary
 [Robert L. Loubler] President

Notice of Your Right to Examine This Policy

It is important to us that you are satisfied with this policy after it is issued. If you are not satisfied with it, you may return the policy to us or our agent within 30 days after you receive it. If you return the policy, you will receive a full refund of any premiums within 7 days of the date we receive your notice of cancellation.

[MINNESOTA LIFE]

Minnesota Life Insurance Company
[400 Robert Street North
St. Paul, MN 55101-2098
www.minnesotalife.com
651.665.3500]

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If you have questions or complaints about this policy, you may contact your advisor, us, or the insurance department of your state at the following location.

Insurance Department of: []

[Address]

[Address]

Telephone Number []

Toll Free Telephone Number []

YOUR POLICY INFORMATION

Secure Whole Life Policy

A scheduled premium whole life insurance policy

Insured: [John A Doe]
 Issue Age: [35]
 Gender: [Male]
 Policy Number: [1-000-000W]
 Policy Date: [May 1 2009]
 [Policy Change Date: [May 1 2009]]
 Face Amount: [\$100,000]

Underwriting Class at Issue: [Standard] [Non-Tobacco]

[If dividends are declared, they will reflect an Underwriting Class of:

[Standard] [Non-Tobacco]]

Payment Options	Premium	Annual Payment
Annual	[\$1,754.40]	[\$1,754.40]
Semi Annual	[\$ 894.74]	[\$1,789.48]
Quarterly	[\$ 456.14]	[\$1,824.56]
Monthly	[\$ 153.51]	[\$1,842.12]

Dividend Option - [Paid Up Additional Insurance]

Type of Coverage	Annual Premium
Basic policy Guaranteed protection for life Effective: [May 1 2009] Premium payable through [Apr 30 2074]	[1,264.32]

Policy fee of \$75.00 is included in each annual premium.

YOUR POLICY INFORMATION

Insured: [John A Doe]

Policy Number: [1-000-000W]

Additional Agreements

	Annual Premium
[Accelerated Death Benefit Agreement Effective: [May 1 2009] There is no premium for this agreement.]	
[Accidental Death Benefit Agreement Effective: [May 1 2009] Accidental Death Benefit Amount: [\$10,000] Premium payable through [Apr 30 2044]]	[\$8.00]
[Additional Insurance Agreement Effective: [May 1 2009] AIA Target Insurance Amount: [\$100,000] Premium payable through [Apr 30 2074] There is a Premium Load of [7]%.]	[\$316.08]
[Children's Term Agreement Effective: [May 1 2009] Level term coverage to age 25 for each child: [\$10,000] Premium payable to the earlier of the youngest child's age 25 or the date the policy is paid up.]	[\$50.00]
[Exchange of Insureds Agreement Effective: [May 1 2009] There is no premium for this agreement.]	
[Guaranteed Insurability Option Agreement Effective: [May 1 2009] Premium payable through [Apr 30 2014] Maximum Face Amount of New Policy: [\$20,000] Option Dates at Anniversary nearest Ages: [22, 25, 28, 31, 34, 37, 40].]	[\$20.00]
[Guaranteed Insurability Option with Waiver Agreement Effective: [May 1 2009] Premium payable through [Apr 30 2014] Maximum Face Amount of New Policy: [\$20,000] Option Dates at Anniversary nearest Ages: [22, 25, 28, 31, 34, 37, 40].]	[\$40.00]
[Single Premium Paid-Up Additional Insurance Agreement Effective: [May 1 2009] There is no scheduled premium for this agreement. There is a Premium Load of [7]% of each premium paid.]	
[Waiver of Premium Agreement Effective: [May 1 2009] Premium payable through [Apr 30 2034]]	[\$56.00]
Total Annual Premium on Policy Date:	[\$1,754.40]
Total Annual Premium payable on or after [May 1 2074]:	[\$0.00]

YOUR POLICY INFORMATION

Table of Guaranteed Cash Values
Secure Whole Life

Policy Number [1-000-000W]

These values do not include dividends and are subject to the Cash Values section in this policy.

Policy Anniversary May 1	Guaranteed Cash Value	Extended Term Insurance		Reduced Paid-Up Insurance
		Years	Days	
2010	0	0	0	0
2011	0	0	0	0
2012	636	5	71	2,857
2013	1,648	10	301	7,146
2014	2,694	15	12	11,281
2015	3,774	17	311	15,266
2016	4,888	19	338	19,099
2017	6,034	21	161	22,779
2018	7,212	22	196	26,312
2019	8,422	23	138	29,699
2020	9,661	24	212	36,059
2021	10,934	24	362	39,050
2022	12,240	25	101	41,943
2023	13,589	25	168	44,740
2024	14,983	25	204	47,435
2025	16,418	25	214	50,029
2026	17,894	25	200	52,516
2027	19,403	25	165	54,901
2028	20,948	25	108	57,181
2029	22,522	25	34	59,353
AGE 60	30,785	23	341	67,143
AGE 62	34,291	23	213	70,568
AGE 65	39,626	23	34	75,098

Annual policy loan interest rate: [5%] payable in arrears
Annual policy reinstatement interest rate: [6%]

Summary of Policy Benefits

Living Benefits

Your policy has certain values which are available to you during the insured's lifetime. You may use these values:

- To provide income (see page 6).
- As collateral for a loan or as the basis for a policy loan (see page 8).
- To continue some insurance protection if you cannot or do not wish to continue paying premiums (see page 7).
- To obtain cash by surrendering your policy (see page 8).

The values available for such uses are the total of:

- The base cash value of your policy (see policy data pages),
- PLUS**
- The cash value of any additional agreements,
- PLUS**
- The cash value of any additional insurance purchased with dividends,
- PLUS**
- Any dividends left with us to accumulate at interest,
- MINUS**
- Any unpaid policy loan and unpaid policy loan interest.

Death Benefit

The amount payable to the beneficiary is the total of the following amounts determined on the date of the insured's death:

The face amount of this policy (see policy data pages),

- PLUS**
- Any additional insurance on the insured's life provided by an additional agreement (see policy data pages),
- PLUS**
- Any additional insurance on the insured's life purchased with dividends (see page 5),
- PLUS**
- Any dividends left with us to accumulate at interest (see page 5),
- PLUS**
- Any dividend credited at death (see page 5),
- PLUS**
- Any premium paid beyond the policy month in which the death occurs (see page 5),
- MINUS**
- Any premium due (see page 4),
- MINUS**
- Any unpaid policy loan and unpaid policy loan interest (see page 8).

Additional Agreements

The additional agreements, if any, listed on the policy data pages are described more fully in the additional agreements.

Definitions

When we use the following words, this is what we mean:

age

The insured's age at nearest birthday.

base cash value

The cash value as shown in the Table of Policy Values on the policy data pages.

Code

The U.S. internal Revenue Code of 1986, as amended.

face amount

The amount of insurance shown on the policy data pages.

in force

The insured's life remains insured under the terms of the policy.

indebtedness

Any unpaid policy loan and any unpaid policy loan interest.

insured

The person whose life is insured under this policy as shown on the policy data pages.

lapse

A premium is in default and the insured's life is no longer insured, except as may be provided in the Policy Values section of this policy.

legal partner

The person with whom you have entered into a legally-sanctioned domestic partnership or civil union that grants you the same rights, responsibilities, and obligations as married couples in accordance with applicable state laws. We will not recognize a partner relationship in any state that does not legally recognize such relationship.

loan value

The maximum amount available for a policy loan under your policy is the total cash value minus any indebtedness.

policy anniversary

The same day and month as your policy date for each succeeding year your policy remains in force. A monthly policy anniversary is the same day as your policy date for each succeeding month your policy remains in force.

policy date

The date shown on the policy data pages, which is the date from which policy anniversaries, policy years, and monthly policy anniversaries are determined.

policy loan interest

The amount of interest we charge you on the policy loan balance on your policy.

proceeds

The amount we will pay under the terms of this policy when your policy is surrendered or when the insured dies.

surrender value

The total cash value of the policy, plus any dividends left with us to accumulate at interest, less any indebtedness.

total cash value

The base cash value of the policy, plus the cash value of any additional agreements, plus the cash value of any additional insurance purchased with dividends.

we, our, us

Minnesota Life Insurance Company.

written request

A request in writing signed by you. We also may require that your policy be sent in with your written request.

you, your

The owner of this policy as shown in the application, unless changed as provided in this policy. The owner may be someone other than the insured.

General Information

What is your agreement with us?

Your policy, or any change to it, contains the entire contract between you and us. This includes the initial application and all subsequent applications to change your policy. Any statements made either by you or by the insured in the initial application or in any application for change will, in the absence of fraud, be considered representations and not warranties. Also, any statement made either by you or by the insured will not be used to void your policy nor defend against a claim under your policy unless the statement is contained in the initial application or in any application for change to this policy.

No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an assistant secretary. No agent or other person has the authority to change or waive any provisions of your policy.

Any additional agreement attached to this policy will become a part of this policy and will be subject to all the terms and conditions of this policy unless we state otherwise in the agreement.

When does your policy become effective?

Your policy will become effective on the earlier of the policy date or the date the policy is delivered to you, provided you have paid the initial premium, while the health of the insured remains as stated in the application for this policy.

Will this policy qualify as life insurance for tax purposes?

In order for your policy to be considered life insurance, it must qualify under the Internal Revenue Code (the Code) of 1986 as amended. At issue, we intend for your policy to satisfy the cash value accumulation test of Code Section 7702 and, therefore, qualify as life insurance for tax purposes.

At no time will the amount of the death benefit under the policy ever be less than the amount needed to ensure tax qualification.

How will you know the status of your policy?

Each year without charge, we will send you a report. This report will show your policy's status. It will include the total cash value and the death benefit as of the date of the report.

You may also annually request an illustrative report. The first illustrative report will be provided to you at no cost.

How do you exercise your rights under the policy?

You can exercise all the rights under this policy during the lifetime of the insured by making a written request to us. This includes the right to change the ownership. Any change in ownership, unless specified by the owner, will take effect on the date the notice of change is signed by the owner, subject to any payments made or actions taken by the company prior to receipt of the notice.

If your policy is assigned, we will also require the written consent of the assignee. If you have designated an irrevocable beneficiary, the written consent of that beneficiary will also be required.

Premiums

When and where do you pay your premiums?

Your initial premium is due as of the policy date and must be paid by the time your policy is delivered. All premiums after the initial premium are payable on or before the date they are due and must be mailed to us at our home office or such other place as we may direct.

If you would like a receipt for a premium payment, we will give you one upon request.

How often do you pay premiums?

You may pay your premiums once a year, twice a year or four times a year. These premiums are shown on the policy data pages as the annual, semi-annual and quarterly premiums. If you decide to pay premiums once a year, your annual premium will be due on the policy anniversary. Should you decide to pay premiums more than once a year, your semi-annual premiums will be due every six months and your quarterly premiums will be due every three months. In each year, one of the premium due dates must fall on the policy anniversary date.

Are there other methods of paying premiums?

With the consent of your financial institution, you may request that your planned premiums be automatically withdrawn on a monthly basis from your account at that institution and paid directly to us. If for any reason your financial institution fails to pay a premium when it is due or if this premium payment arrangement is ended, you must pay an annual, semi-annual or quarterly premium directly to us before the end of the grace period to keep your policy in force.

You can also arrange to have one or more premiums paid by automatic premium loans (see page 8). This arrangement can only be effective, however, if your policy has available loan value.

How long must premium payments be made?

The premiums for your policy are payable for the period shown on the policy data pages or until the prior death of the insured.

Can you pay a premium after the date it is due?

Your policy has a 61-day grace period. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 61-day period immediately following the due date. The insured's life will continue to be insured during this 61-day period. If the insured dies during this period, we will deduct a premium for the 61-day grace period from the death proceeds of this policy.

We will send you and any assignee of record, at the last known address, at least 31 days prior to the end of the grace period, a written notice indicating the due date and the payment required to keep your policy in force. Any payments sent by U.S. Mail must be postmarked within the grace period. The 61-day grace period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

What happens if a premium is not paid before the end of the grace period?

If a premium is not paid before the end of the 61-day grace period, your policy will lapse and no further premium payments may be made. However, even if your policy lapses, the values, if any, provided for in the Policy

Values section of this policy on page 7 will be available to you. If the Automatic Premium Loan provision is active on your policy and there is sufficient loan value, we will make a policy loan to pay the premium due on your policy, which will be no less than a quarterly premium payment.

Can you reinstate your policy after it has lapsed?

Yes. At any time within three years of the date your policy lapses, you may ask us to reinstate your policy to a premium-paying basis. If you request that your policy be reinstated, we will require:

- (1) your written request to reinstate this policy; and
- (2) evidence of insurability satisfactory to us; and
- (3) payment or reinstatement of any indebtedness; and
- (4) payment of all past due premiums on your policy; and
- (5) payment of interest compounded annually on all past due premiums and on any indebtedness.

The policy reinstatement interest rate will not be more than the rate shown on the policy data pages.

Our determination of the insured's continued insurability and the payment of all past due premiums with interest, must occur during the insured's lifetime.

Are there restrictions on the payment of premiums?

There may be restrictions on the amount of premium you may pay under the modified endowment provisions of the Code. Therefore, unless you have specified otherwise in writing, if the payment of a premium would cause your policy to be classified as a modified endowment contract under the Code, we will not accept your payment.

Is there a premium refund at the insured's death?

We will pay to the beneficiary any part of a paid premium that covers the period from the end of the policy month in which the insured died to the date to which premiums are paid. However, if your policy contains a waiver of premium agreement and the last premium was waived by us under the terms of that agreement, we will not refund that premium.

Is there a premium refund at surrender?

No.

Dividends

Will your policy receive dividends?

Each year we determine whether to allocate and distribute a portion of our surplus to various classes of policies and, as applicable, the extent to which your policy will share in this distribution. We call your policy's share a dividend and credit it to your policy on your policy anniversary under one of the dividend options shown below. The distribution of a dividend is not guaranteed.

How can your dividends be applied?

You may choose to have your dividends applied according to any of the following dividend options. We may also offer the ability for you to have your dividends applied under a combination of the available dividend options.

If you do not select a dividend option, we will automatically apply any dividend to purchase paid-up additional insurance as the default option:

Available Dividend Options:

- (1) **Cash** – Paid in cash to you.
- (2) **Reduce Premiums** – Used to pay part or all of an annual premium on your policy. This option is only available if you have chosen to pay your premiums annually.
- (3) **Accumulation** – Left with us to accumulate at interest. Your accumulations will earn interest at a rate to be determined by us, but never less than 2%. You can request that we pay you any accumulated dividends at any time.
- (4) **Paid-Up Additional Insurance** – Used to buy paid-up additional insurance on the life of the insured. Your paid-up additional insurance will also be eligible to receive dividends.
- (5) **Policy Loan Payment** – Used to reduce any outstanding indebtedness on your policy.

Any dividends left with us to accumulate at interest and the cash value of any paid-up additional insurance will be paid to you upon surrender of your policy.

Will a dividend be paid at the insured's death?

If we have determined that a dividend would be payable at the end of a policy year in which the insured dies, we will pay a portion of that dividend to the beneficiary. The dividend will be for that part of the policy year during which the insured lived.

May paid-up additions be surrendered?

Yes. You may surrender paid-up additions to cash up to the lesser of the total cash value minus any indebtedness, or the cash value of any paid-up additional insurance.

Beneficiary

To whom will we pay the death proceeds?

When we receive proof satisfactory to us of the insured's death, we will pay the death proceeds of this policy to the beneficiary or beneficiaries named in the application for this policy unless you have changed the beneficiary. In that event, we will pay the death proceeds to the beneficiary named in your last change of beneficiary request as provided below.

What happens if one or all of the beneficiaries dies before the insured?

If a beneficiary dies before the insured's death, that beneficiary's interest in the policy ends with that beneficiary's death. Only those beneficiaries who survive the insured will be eligible to share in the death proceeds. If no beneficiary survives the insured, we will pay the death proceeds of this policy to you, if living, otherwise, to your estate, or to your successor if you are a corporation no longer in existence.

Can you change the beneficiary?

Yes. If you have reserved the right to change the beneficiary, you can request in writing to change the beneficiary. If you have not reserved the right to change the beneficiary, the written consent of the irrevocable beneficiary will be required.

Unless you specify otherwise, your written request to change the beneficiary shall take effect on the date you sign the request. However, if the insured dies before the request has been signed, the request will not be effective as to those death proceeds we have paid before your request was signed.

Payment of Proceeds

When will the policy proceeds be payable?

The proceeds of this policy will be payable if the policy is surrendered or if we receive proof satisfactory to us of the insured's death. These events must occur while the policy is in force. Proof of any claim under this policy must be submitted in writing to our home office. The proceeds will be paid at our home office and in a single sum unless a settlement option has been selected. We will deduct any indebtedness from the proceeds.

Can proceeds be paid in other than a single sum?

Yes. You may request that we pay the proceeds under one of the following settlement options. We may also use any other method of payment that is agreeable to you and us. A settlement option may be selected only if the payments are to be made to a natural person in that person's own right.

The following settlement options are all payable in fixed amounts as are described below.

Option 1 -- Interest Payments

Payment of interest on the proceeds at such times and for a period that is agreeable to you and us. Withdrawal of proceeds may be made in amounts of at least \$500. At the end of the period, any remaining proceeds will be paid in either a single sum or under any other method we approve.

Option 2 -- Payments for a Specified Period

Monthly payments for a specified number of years. The amount of each monthly payment for each \$1,000 of proceeds applied under this option is shown in the following table. The monthly payments for any period not shown will be furnished upon request.

Number of Years	Monthly Payments
5	\$17.49
10	9.18
15	6.42
20	5.04
25	4.22

Option 3 -- Life Income

Monthly payments for the life of the person who is to receive the income. We will require satisfactory proof of the person's age and gender. Payments can be guaranteed for 5, 10, or 20 years. The amount of each monthly payment for each \$1,000 of proceeds based on the Annuity 2000 Table and applied under this option is shown in the following table. The monthly payments for any ages not shown will be furnished upon request.

Male Age	Life Income	Life Income with Payments Guaranteed for		
		5 Years	10 Years	20 Years
50	\$3.51	\$3.51	\$3.49	\$3.40
55	3.90	3.89	3.86	3.70
60	4.42	4.40	4.34	4.04
65	5.12	5.08	4.95	4.38
70	6.10	6.00	5.70	4.68
75	7.44	7.21	6.57	4.88

Female Age	Life Income	Life Income with Payments Guaranteed for		
		5 Years	10 Years	20 Years
50	\$3.27	\$3.26	\$3.26	\$3.21
55	3.60	3.60	3.58	3.49
60	4.04	4.03	4.00	3.83
65	4.63	4.61	4.54	4.20
70	5.46	5.41	5.25	4.56
75	6.66	6.54	6.16	4.83

Option 4 -- Payments of a Specified Amount

Monthly payments of a specified amount until the proceeds and interest are fully paid.

If you request a settlement option, we will prepare an agreement for you to sign, which will state the terms and conditions under which the payments will be made. The interest rate used in the calculation of all settlement options is guaranteed to be no less than 2% annually.

The settlement payments at the time of commencement will not be less than those that would be provided by the application of the surrender value to purchase a single premium immediate annuity contract at purchase rates offered to the same class of annuitants by the company, whether the annuity benefits are payable in fixed or variable amounts or a combination thereof.

Can a beneficiary request payment under a settlement option?

A beneficiary may select a settlement option only after the insured's death. However, you may provide that the beneficiary will not be permitted to change the settlement option you have selected.

Are the proceeds exempt from claims of creditors?

To the extent permitted by law, no payment of proceeds or interest we make will be subject to the claims of any creditors.

Also, if you provide that the option selected cannot be changed after the insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments. If garnishment or any other attachment of the payments is attempted, we will make those payments to a trustee we name. The trustee will apply those payments for the maintenance and support of the person you named to receive the payments.

What guaranteed interest rate will we pay on death proceeds?

We will pay interest on death proceeds at an annual rate which will never be less than 2% per year.

We will pay interest from the date of the insured's death until the date of payment.

If death proceeds are not paid within 30 days from the date we receive due proof of death, interest from day 30 to the date of payment will be credited at the rate required by Arkansas Code 23-81-118 or 2%, whichever is greater.

Policy Values

What is the total cash value of your policy?

The total cash value of your policy, as of the date to which all premiums due have been paid, is the base cash value shown for that date in the Table of Policy Values plus the cash value of any paid-up additional insurance, plus the cash value of any additional agreement. If premiums are paid other than annually, the total cash value and the surrender value for the insurance provided by this policy and any attached agreements will be adjusted proportionally.

The total cash value of your policy within 60 days after the due date of an unpaid premium is the same as on the due date, unless the total cash value has been reduced by the surrender of any cash value after the due date. After that 60-day period, if your policy is continued as extended term or reduced paid-up insurance, the cash value at any time will be the reserve on that insurance. The cash value of any extended term or reduced paid-up insurance which is surrendered within 30 days after a policy anniversary will be at least equal to the cash value of any such extended term or reduced paid-up insurance as of that anniversary.

At your request, we will tell you what the base cash value is for any date not shown in the Table of Policy Values.

Do the values in this policy conform to the minimums required by law?

Cash values and any paid-up nonforfeiture benefits available under the policy are not less than the minimum values and benefits required by, or pursuant to, the NAIC Standard Nonforfeiture Law for Life Insurance, Model #808.

What is the basis for the calculations of the nonforfeiture values?

We use the 2001 Commissioners Standard Ordinary Smoker Distinct, Ultimate, Age Nearest Birthday, Sex-Distinct Mortality Tables and an annual interest rate of 4%. However, if the policy was issued as unisex, we use a corresponding unisex mortality table, the 2001 Commissioners Standard Ordinary Smoker Distinct, Ultimate, Age Nearest Birthday, Table B (80% male, 20% female) Mortality Tables. The gender of each insured shown on the policy data pages describes whether the policy was issued as sex-distinct or unisex.

What happens if the premium due on your policy is not paid?

Your policy will lapse if the premium due is not paid before the end of the grace period. If your policy has no surrender value, the insured's life is no longer insured. If your policy has a surrender value, we will apply it to purchase extended term insurance. In addition, you may, within 60 days of the due date of the unpaid premium, request that we purchase reduced paid-up insurance. If the amount of reduced paid-up insurance would be less than \$1,000, we will pay the surrender value plus any dividends left to accumulate at interest to you in cash.

If extended term or reduced paid-up insurance is purchased, it will be effective as of the due date of the unpaid premium and no further premiums will be due. You may reinstate your policy as described in the Premiums provision of this policy.

What is extended term insurance?

It is term insurance that is purchased by applying the surrender value of your policy as a net single premium to buy extended term insurance for the maximum period. The amount of this insurance will be equal to the face amount of your policy, plus the face amount of any additional benefit agreements, plus the face amount of any paid-up additional insurance, less the amount of any indebtedness. At the end of the extended term period all insurance under this policy will terminate, this policy will have no surrender value and we will send you any dividends left to accumulate at interest in cash. Your policy will not receive any dividends while it is on extended term insurance.

What is reduced paid-up insurance?

It is paid-up insurance that is purchased by applying the surrender value of your policy as a net single premium to buy paid-up insurance for a reduced face amount. This insurance will continue for the insured's lifetime unless you surrender the policy for its remaining value. Reduced paid-up insurance will continue to be eligible for dividends as provided for in the Dividends provision of this policy.

You can change the nonforfeiture option at any time with your written request, as long as your policy is active and not in nonforfeiture status.

Policy Loans

Can you borrow money on your policy?

After the first policy year, you may borrow up to the loan value of your policy. We will require your written request for a policy loan. The policy will be the only security required for your policy loan. The loan value is determined as of the date you signed your request for a policy loan. We will charge interest on your policy loan in arrears.

We have the right to postpone your policy loan for up to six months. We cannot do so if the policy loan is to be used to pay premiums on any policies you have with us.

What is the loan value of your policy?

The loan value of your policy is its total cash value, minus any indebtedness. The total cash value will be determined as of the date to which your premiums are paid on this policy, but not beyond the next policy anniversary.

Can you arrange for automatic premium loans to keep your policy in force?

Yes. If you asked for this service in your application, or if you write us and ask for this service after your policy has been issued, we will make automatic premium loans. You can also write to us at any time and tell us you do not want this service.

If you have this service and you have not paid the premium that is due before the end of the grace period, we will make a policy loan to pay the amount of premium due.

If there is not enough loan value to pay the full premium due, we will make a policy loan for the maximum premium loan amount available. There must be enough loan value to pay at least a quarterly premium. If the loan value is not enough to pay at least a quarterly premium, your policy will lapse.

What is the policy loan interest rate?

The policy loan interest rate is shown on the policy data pages.

When is policy loan interest due and payable?

Policy loan interest is due on a policy loan transaction, on each policy anniversary, on surrender or lapse of the policy and on the date of the insured's death. If you do not pay the interest on your policy loan in cash, your policy loan will be increased by an additional policy loan in the amount of the unpaid interest. It will then be charged the same rate of interest as your policy loan.

How and when can you repay your policy loan?

If your policy is in force, your policy loan can be repaid in part or in full at any time before the insured's death. Your policy loan may also be repaid within 60 days after the date of the insured's death if we have not paid any of the benefits under this policy. Any policy loan payment must be at least \$100 unless the balance due is less than \$100.

What happens if you do not repay your policy loan?

Your policy will remain in force unless the indebtedness exceeds the total cash value of your policy. If the indebtedness exceeds the total cash value of your policy, your policy will lapse.

To prevent your policy from lapsing, you will have to make a policy loan payment. We will notify you 61 days in advance of our intent to lapse the policy and the policy loan payment required to keep it in force. The time for payment will be within 61 days after our mailing of the notice.

Surrender

May the policy be surrendered?

Yes. You may request to surrender your policy in full at any time before the death of the insured. Also, if there are any dividends left with us to accumulate at interest, we will pay that amount upon surrender.

What is the surrender value of your policy?

The surrender value of your policy is the total cash value on the date of the surrender, less any indebtedness on that date. You may request your surrender value at any time.

How do you surrender your policy?

Send us your policy and a written request to surrender it for its surrender value on the date of surrender. Instead of payment in a single sum, you may request that your surrender value be used to provide extended term or reduced paid-up insurance.

May policy payments be deferred?

Yes. We reserve the right to defer policy payments for up to six months from the date of your written request. If we postpone our payment for more than 31 days following

the date you signed your request, we will pay you interest at 2% per year for the period during which payment is postponed.

What if the insured dies after you request a surrender?

If the insured dies after we receive your surrender request, we will pay the surrender value to you or your estate; we will not pay a death benefit to the beneficiary.

Are there restrictions on the amount of paid-up additional insurance you can surrender?

Unless you have specified otherwise in writing, if a requested surrender of paid-up additional insurance would cause your policy to be classified as a modified endowment contract under the Code, we will not accept your request.

In what order will we surrender paid-up additional insurance?

We will first surrender paid-up additional insurance purchased by the Single Premium Paid-Up Additional Insurance Agreement, then the insurance purchased by dividends and finally the insurance purchased by the Additional Insurance Agreement.

Additional Information

Can you assign your policy?

Your policy may be assigned. The assignment must be in writing and filed with us at our home office and unless you specify otherwise, shall take effect on the date you sign the notice of assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any proceeds which become payable to the assignee will be payable in a single sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of that interest.

What if the age or gender of the insured is misstated?

If the age or gender of the insured has been misstated, the amount of proceeds payable under this policy or any agreement attached to this policy, will be that amount which the premiums paid would have purchased based upon the insured's correct age and gender.

When does your policy become incontestable?

After this policy has been in force during the lifetime of the insured for two years from the policy date, we cannot contest this policy, except for the nonpayment of premiums or fraud, except for those states where fraud is not allowed as a reason to contest.

However, if there has been a policy change or reinstatement for which we required evidence of insurability, that policy change or reinstatement will be contestable for two years during the lifetime of the insured, from the effective date of the policy change or reinstatement.

Is there a suicide exclusion?

Yes. If the insured, whether sane or insane, dies by suicide within two years of the policy date, our liability will be limited to an amount equal to the premiums paid for this policy less any policy loan and unpaid policy loan interest.

If there has been a policy change for which we required evidence of insurability, and if the insured dies by suicide within two years from the effective date of the policy change our liability with respect to the policy change will be limited to an amount equal to the portion of the premiums paid for that policy change.

What if this policy is issued without evidence of insurability?

If this policy is issued without evidence of insurability, either as a conversion from a policy we previously issued or under the provisions of an additional insurance agreement, the contestable and suicide periods will be measured from the effective date of the preceding policy or agreement.

SECURE WHOLE LIFE POLICY

Face Amount payable at death

Premiums paid to the date shown on the policy data pages

Participating

Minnesota Life Insurance Company, a stock company, is a subsidiary of Minnesota Mutual Companies, Inc., a mutual holding company. You are a member of the Minnesota Mutual Companies, Inc., which holds its annual meetings on the first Tuesday in March of each year at 3 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098.

MINNESOTA LIFE

SERFF Tracking Number: MNNL-127056606 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 48121
Company Tracking Number: 11-110.03
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Secure Whole Life Custom Pay
Project Name/Number: Secure Whole Life Custom Pay/11-110.03

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Certification of ARS 23-80-206-Flesch; Rule & Reg 49-Guar. Assn Notice; ARS 23-79-138-Contact Notice; and Rule & Reg 19 - Unfair Sex Discrimination
Attachment:
AR Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Application
Comments:
Our new issue application is comprised of 3 parts, all required to be received to constitute an application. The parts are filed separately for ease of revision for new products. Parts 1 & 3, forms F59410 Rev 5-2010 and F59536 Rev 5-2010, respectively were filed and approved August 17, 2010 under Arkansas tracking #46510. Part 2, F59573 8-2003 was filed and approved June 10, 2004 under state tracking # 26610.
Attachment:
Application -New Issue.pdf



CERTIFICATION OF COMPLIANCE

Minnesota Life Insurance Company certifies that it is in compliance with the following Arkansas Rules and Regulations and statutes:

Rule and Regulation 19 Unfair Sex Discrimination

Rule and Regulation 49 Guaranty Association Notice

Arkansas Statute 23-80-206 Flesch certification

Arkansas Statute 23-79-138 Contact Notice

Name: Matthew A. Harrington

Title: Assistant Secretary

Date: February 28, 2011

Individual Life Insurance Application Part 1

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

A. Proposed Insured Information	Proposed insured name (last, first, middle)			
	Social Security number		Date of birth (month, day, year)	
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Driver's license number		Issue state	Expiration date
	Primary telephone number		Secondary telephone number	
	Birthplace (state or, if outside the US, country)		E-mail address	
	Street address (no P.O. Box)			
	City		State	Zip code
Occupation		Years in occupation	Income	Net worth
B. Product	Product applied for		Base face amount \$ _____	
	Total annual planned premium (excluding NRP)		Plan of insurance (if applicable)	
	Death benefit qualification test (if applicable, defaults to GPT if none selected) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT)			
	Death benefit option (defaults to Cash/Level if none selected) <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums			
	Dividend option (if applicable, defaults to Policy Improvement for AL Legend and Paid-Up Additions for Secure)			
C. Additional Benefits and Agreements <i>Select only those agreements available on the product(s) applied for.</i>	<input type="checkbox"/> Accelerated Benefit Agreement (Submit ABA Outline of Coverage form)		<input type="checkbox"/> Guaranteed Insurability Option Agreement Waiver \$ _____	
	<input type="checkbox"/> Accidental Death Benefit Agreement		<input type="checkbox"/> Long-Term Care Agreement (Submit LTC Supplemental Application)	
	<input type="checkbox"/> Additional Insurance Agreement \$ _____		<input type="checkbox"/> Overloan Protection Agreement	
	<input type="checkbox"/> Children's Term or Family Term Agreement (Submit Family Term Application)		<input type="checkbox"/> Single Premium Paid-Up Additional Insurance Agreement	
	<input type="checkbox"/> Death Benefit Guarantee Agreement		<input type="checkbox"/> Surrender Value Enhancement	
	<input type="checkbox"/> Early Values Agreement		<input type="checkbox"/> Term Insurance Agreement \$ _____	
	<input type="checkbox"/> Estate Preservation Agreement \$ _____ Face Amount (Not to exceed 122% of base amount)		<input type="checkbox"/> Waiver of Charges Agreement	
	<input type="checkbox"/> Face Amount Increase Agreement		<input type="checkbox"/> Waiver of Premium Agreement	
	<input type="checkbox"/> Guaranteed Insurability Option Agreement \$ _____		<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
THE FOLLOWING BENEFITS AND AGREEMENTS WILL BE ADDED IF AVAILABLE FOR YOUR POLICY, UNLESS YOU CHOOSE TO OMIT THEM:				
<input type="checkbox"/> Omit Automatic Premium Loan Provision		<input type="checkbox"/> Omit Cost of Living Agreement		
<input type="checkbox"/> Omit Inflation Agreement				
D. Special Dating	<input type="checkbox"/> Date to save age			
	<input type="checkbox"/> Specific date (month/day/year): _____ (cannot select 29th, 30th, or 31st of the month)			
Are there any other Minnesota Life applications associated with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Proposed Insured(s) full name(s) and whether the policies should have the same issue date.				

E. Life Insurance In Force and Replacement

Submit appropriate replacement forms (not needed if replacing group coverage).

Does the Proposed Insured have any life insurance or annuity in force or pending, including life insurance sold or assigned, or is in the process of being sold or assigned, to a life settlement, viatical or secondary market provider? If yes, provide details in the chart below. Yes No

Has there been, or will there be, replacement of any existing life insurance or annuity, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details in the chart below. Yes No

Life Insurance In Force

Full Company Name	Amount	Year Issued	Type	Will it be Replaced?
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Beneficiary Information

If the beneficiary is a trust, give complete trust name and date trust established.

	Beneficiary First and Last Name	Relationship to Proposed Insured	SSN/TIN (If known)
Primary			
Contingent			

G. Owner Information

Submit the appropriate trust, corporate, or non-corporate form(s).

Only complete this section if the Owner is different than the Insured.

Owner name (last, first, middle) _____

Individual
 Trust (submit Certification of Trustee Authority form)
 Corporate (submit Corporate/Non-Profit Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
 Partnership (submit Partnership/LLC Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
 Other _____

Social Security or tax ID number _____ Date of birth or trust date _____

Street address (no P.O. box) _____

City _____ State _____ Zip code _____

Relationship to proposed insured _____ Telephone number _____

E-mail address _____

H. Premium and Billing Information

Premium Notice Should Be Sent To:

- Proposed Insured Address in Section A Owner Address in Section G
 Owner's Business/Employer Address (Indicate below) Other (Indicate below)

Name

Address City State Zip code

Payment Method:

- Annual Quarterly
 Semi-Annual Monthly Electronic Funds Transfer (EFT) Plan Number _____
(If new plan, submit EFT/APP Authorization)
 Payroll Deduction Plan (PRD) Plan Number _____
 List Bill Plan Number _____ (if new plan, submit List Bill Setup form)

Third Party Notification (optional):

If you wish, you may give us the name and address of a person whom you designate to also receive notice of an overdue premium or pending lapse. (Indicate below)

Name

Address City State Zip code

I. Additional Premium

1035 Exchange Yes No
(If yes, submit 1035 Exchange Agreement form)

Non-Repeating Premium (NRP)

Regular NRP \$ _____

Billable Non-Repeating Premium (Billable NRP)

(If base premium is paid through a list bill, the NRP must also be billed through the same list bill.)

Total Annual Billable NRP \$ _____

(Minimum annual \$600 NRP required. Minimum annual \$2,400 base premium required.)

Include Billable NRP at issue, with first premium payment? Yes No

Payment Method

- Annual Monthly Electronic Funds Transfer (EFT) Plan Number _____
(If new plan, submit EFT/APP Authorization)
 Semi-Annual Payroll Deduction Plan (PRD) Plan Number _____
 Quarterly

Universal Life Additional Premium (excluding 1035)

\$ _____

J. Money Submitted with Application

Has the Owner paid money with this application to the representative? Yes No

If yes, amount: \$ _____

Was a Life and Temporary Insurance Agreement given? Yes No

Make all checks payable to Minnesota Life.

K. Special Mailing Address

If mail (other than the premium notice) should be sent somewhere other than the Owner's Home Address, please indicate here.

- Owner's Business Address
 Other - Indicate Name and Address

Name (last, first, middle)

Address

City State Zip code

L. Request for Illustration

Complete for non-variable products, excluding Advantage Elite 5-30 and ART SD.

Choose one of the following:

- An illustration matching the policy applied for was presented to the Owner/Applicant and a signed copy is included with this application. The Owner/Applicant has received a copy.
- An illustration was presented or provided to the Owner/Applicant, but is different from the policy applied for. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery.
- No illustration conforming to the policy as applied for was shown or provided to the Owner/Applicant prior to or at the time of taking this application. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery.

M. Proposed Insured Underwriting Information

1. Is the proposed insured a US citizen? Yes No
If no, citizen of _____
Indicate visa type _____
2. Does the proposed insured plan to travel or reside outside the US in the next two years? Yes No
If yes, provide the city(s) and country(s), dates, length of stay, and purpose of travel:

3. Has the proposed insured within the last five years, or does the proposed insured plan to engage in piloting a plane? If yes, complete the Military and Aviation Statement. Yes No
4. Has the proposed insured within the last five years, or does the proposed insured plan to engage in sky diving, motor vehicle or boat racing, mountain/rock climbing, hang gliding, or underwater diving? If yes, complete Sports and Avocation Statement. Yes No
5. Is the proposed insured in the Armed Forces, National Guard, or Reserves? If yes, complete Military and Aviation Statement. Yes No
6. Has the proposed insured applied for insurance within the last six months? If yes, provide details below. Yes No

7. Has the proposed insured applied for life insurance in the past five years that was declined or rated? If yes, provide details below. Yes No

8. Has the proposed insured, within the past ten years, been convicted of a driving while intoxicated violation, had a driver's license restricted or revoked, or been convicted of a moving violation? If yes, provide dates and details below. Yes No

9. Except for traffic violations, has the proposed insured ever been convicted of a misdemeanor or felony? If yes, provide dates and details below. Yes No

10. Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued? Yes No
11. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or a beneficial interest in a trust, LLC, or other entity created on the owner's behalf? If yes, provide details and a copy of the applicable entity's controlling documents. Yes No

12. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms.

Yes No

13. Have you had a life expectancy report or evaluation done by an outside entity or company? If yes, please explain why the expectancy report was obtained.

Yes No

N. Additional Remarks

O. Home Office Endorsements

Home Office Corrections or Additions

Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used in IL, NJ, or, OR for change in age, gender, amount, classification, plan or benefits unless agreed to in writing.

Application Part 2

Minnesota Life Insurance Company • Life New Business
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Proposed Insured Name (last, first, middle)	Date of Birth
---	---------------

Height and Weight	Change in Past Year	Cause of Weight Gain or Loss
FT. IN. LBS.	LBS. <input type="checkbox"/> GAIN <input type="checkbox"/> LOSS	

	Yes	No					
1. A. Have you ever smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black;">Current Smoker <input type="checkbox"/></td> <td style="width:20%; border: 1px solid black;">Past Smoker <input type="checkbox"/></td> <td style="width:20%; border: 1px solid black;">Packs Per Day</td> <td style="width:40%; border: 1px solid black;">Date Last Cigarette Smoked (MM, DD, YY)</td> </tr> </table>	Current Smoker <input type="checkbox"/>	Past Smoker <input type="checkbox"/>	Packs Per Day	Date Last Cigarette Smoked (MM, DD, YY)			
Current Smoker <input type="checkbox"/>	Past Smoker <input type="checkbox"/>	Packs Per Day	Date Last Cigarette Smoked (MM, DD, YY)				
B. Have you ever used tobacco, other than cigarettes, in any form?							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black;">What Type</td> <td style="width:20%; border: 1px solid black;">Current User <input type="checkbox"/></td> <td style="width:20%; border: 1px solid black;">Past User <input type="checkbox"/></td> <td style="width:20%; border: 1px solid black;">How Much</td> <td style="width:20%; border: 1px solid black;">Date of Last Use (MM, DD, YY)</td> </tr> </table>	What Type	Current User <input type="checkbox"/>	Past User <input type="checkbox"/>	How Much	Date of Last Use (MM, DD, YY)		
What Type	Current User <input type="checkbox"/>	Past User <input type="checkbox"/>	How Much	Date of Last Use (MM, DD, YY)			
2. Are you taking or do you take any prescription or non-prescription medications or drugs?	<input type="checkbox"/>	<input type="checkbox"/>					
3. During the past 10 years have you had or been treated for:							
A. Seizures; epilepsy; paralysis; fainting spells; headaches; dizziness; sleep disorder; or any other disorder of the brain or nervous system?	<input type="checkbox"/>	<input type="checkbox"/>					
B. Depression; stress; anxiety; nervousness; nervous breakdown; or any other nervous, mental, or emotional disorder?	<input type="checkbox"/>	<input type="checkbox"/>					
C. High blood pressure; chest pain; chest discomfort or tightness; heart attack; heart murmur; stroke; irregular heart beat; or any other disease or disorder of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>					
D. Asthma; shortness of breath; bronchitis; pneumonia; emphysema; chronic cough; or any other lung or respiratory disorder?	<input type="checkbox"/>	<input type="checkbox"/>					
E. Abdominal pain; ulcer; colitis; cirrhosis; hepatitis; recurrent diarrhea; intestinal bleeding; or any other disease of the liver, gallbladder, pancreas, stomach, or intestines?	<input type="checkbox"/>	<input type="checkbox"/>					
F. Kidney stone; protein, sugar, blood or blood cells in the urine; or any disorder of the urinary tract, bladder or kidneys?	<input type="checkbox"/>	<input type="checkbox"/>					
G. Disorder or abnormality of the prostate, uterus, ovaries, or breasts; pregnancy complication; testicular disease; genital herpes, syphilis, gonorrhea, or other sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>					
H. Diabetes; thyroid disorder; lymph node enlargement; skin disorder; or disorder of any other glands?	<input type="checkbox"/>	<input type="checkbox"/>					
I. Cancer; tumor; or cyst?	<input type="checkbox"/>	<input type="checkbox"/>					
J. Anemia, leukemia, or other blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>					
K. Back or neck pain; spinal strain or sprain; sciatica; arthritis; gout; carpal tunnel syndrome; or any bone, joint, or muscle disorder?	<input type="checkbox"/>	<input type="checkbox"/>					
L. Disorder of the eyes, ears, nose or throat?	<input type="checkbox"/>	<input type="checkbox"/>					
M. Any physical deformity or defect?	<input type="checkbox"/>	<input type="checkbox"/>					
N. Any immune deficiency disorder including AIDS or AIDS-Related Complex (ARC), or AIDS-related conditions?	<input type="checkbox"/>	<input type="checkbox"/>					
O. A blood test showing evidence of antibodies to the AIDS (HIV) virus?	<input type="checkbox"/>	<input type="checkbox"/>					
P. Any chronic or recurrent fever, fatigue or viral illness?	<input type="checkbox"/>	<input type="checkbox"/>					
4. Do you consume alcoholic beverages? If yes, what kinds, how much and how often?	<input type="checkbox"/>	<input type="checkbox"/>					
5. During the past 10 years:							
A. Have you been advised to limit the use of alcohol or drugs; sought or received treatment, advice, or counseling for alcohol or drugs; or joined a group because of alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>					
B. Have you tried or used cocaine, heroin, marijuana, barbiturates or other controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>					

6. Other than above, have you in the past five years:

- A. Consulted or been advised to consult a physician, psychiatrist, psychologist, therapist, counselor, chiropractor, or other health care practitioner? (Include regular check-ups.) Yes No
- B. Had a check-up, illness, or surgery, or been treated or evaluated at a hospital or any other health care facility? Yes No
- C. Had an EKG, x-ray, stress test, echocardiogram, angiography, blood studies or any other diagnostic test? Yes No
- D. Been advised to have any test, hospitalization, or surgery which was not completed? Yes No

7. Family History: Make a note of diabetes, cancer, melanoma, heart, and kidney disease.

		Age(s)	Health History		Age(s)	Cause of Death
Father	Living			Deceased		
Mother						
Siblings						
Siblings						

8. Do you have a personal physician or belong to an H.M.O. or clinic? If so, please provide information below. Yes No

Name		Phone Number	
Street Address			
City		State	Zip Code
Date Last Seen		Reason	

Give details of all yes answers, including doctors' names, addresses and dates.

Individual Life Insurance Application Part 3

Agreements and Authorizations

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Proposed insured name (last, first, middle)

AGREEMENTS: I have read, or had read to me the statements and answers recorded on my application. They are given to obtain this insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded. I understand that any false statement or misrepresentation on this application may result in loss of coverage under this policy subject to the incontestability provision. I agree that they will become part of this application and any policy issued on it. The insurance applied for will not take effect unless the policy is issued and delivered and the full first premium is paid while the health of the Proposed Insured remains as stated in this application. **If such conditions are met, the insurance will take effect as of the earlier of the Policy Date specified in the policy or the date the policy is delivered to me; the only exception to this is provided in the Life Receipt and Temporary Insurance Agreement, issued if the premium is paid in advance.**

VARIABLE LIFE: I understand that the amount or the duration of the death benefit (or both) of the policy applied for may increase or decrease depending on the investment results of the sub-accounts of the separate account. I understand that the actual cash value of the policy applied for is not guaranteed and increases and decreases depending on the investment results. There is no minimum actual cash value for the policy values invested in these sub-accounts.

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic or other health care provider, insurance or reinsuring company, consumer reporting agency, the Medical Information Bureau, Inc. (MIB), or employer which has any records or knowledge of my physical or mental health, and/or the physical or mental health of each minor child listed as the Proposed Insured, to give all such information and any other non-medical information relating to such persons to Minnesota Life Insurance Company or its reinsurers. This shall include ALL INFORMATION as to any medical history, consultations, diagnoses, prognoses, prescriptions or treatments and tests, including information regarding alcohol or drug abuse and AIDS or AIDS-related conditions. To facilitate rapid submission of such information, I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by Minnesota Life Insurance Company to collect and transmit such information.

I understand this information is to be used for the purpose of determining eligibility for insurance and may be used for determining eligibility for benefits. I understand this information may be made available to Underwriting, Claims, support staff, licensed representatives, and firms of Minnesota Life Insurance Company. I authorize Minnesota Life Insurance Company or its reinsurers to release any such information to reinsuring companies, the MIB, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may further authorize.

I agree this authorization shall be valid for twenty-four months from the date it is signed. I may revoke this authorization at any time by sending a written request addressed to the Individual Underwriting Department, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101-2098.

I understand that I, or my legal representative, have the right to request and receive a copy of this authorization and that a photocopy of this authorization shall be as valid as the original. I understand that no sales representative has the company's authorization, to accept risk, pass on insurability or make, or void, waive or change any conditions or provisions of the application, policy or receipt, as applicable.

I acknowledge that I have been given the Your Privacy Is Important To Us notice.

FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and may be guilty of a criminal offense and subject to penalties under state law.

Proposed insured signature X	Date	City	State
Owner signature (if other than proposed insured) (give title if signed on behalf of a business) X	Date	City	State
Parent/conservator/guardian signature (juvenile applications) X	Date	City	State

I believe that the information provided by this applicant is true and accurate. I certify I have accurately recorded all information given by the Proposed Insured(s).

Licensed representative signature X	Date
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