

SERFF Tracking Number: MNNL-127159121 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 48708
Company Tracking Number: 11-301
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Premium Deposit Account Agreement
Project Name/Number: PDA Agreement/50.1

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Premium Deposit Account Agreement SERFF Tr Num: MNNL-127159121 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- Closed State Tr Num: 48708

Sub-TOI: L08.000 Life - Other Co Tr Num: 11-301 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Carol Ouhl, Matthew

Harrington, Joyce Townsend

Date Submitted: 05/06/2011

Disposition Date: 05/11/2011
Disposition Status: Approved-
Closed

Implementation Date Requested: 07/06/2011

Implementation Date:

State Filing Description:

General Information

Project Name: PDA Agreement

Project Number: 50.1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/11/2011

State Status Changed: 05/11/2011

Created By: Joyce Townsend

Corresponding Filing Tracking Number: 11-301

Deemer Date:

Submitted By: Joyce Townsend

Filing Description:

NAIC # 66168

GROUP # 869

FEIN # 41-0417830

INDIVIDUAL UNIVERSAL LIFE INSURANCE

11-301 PREMIUM DEPOSIT ACCOUNT AGREEMENT

This filing is new and does not replace any previously approved forms. The filing is for an agreement to allow any policy

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owner the ability to set aside a lump sum for the automatic annual payment of future premiums on their life insurance policy. The agreement will be available for new issue and addition to existing contracts of any of the five universal life products listed below. There is no charge for this agreement and the issue ages of the agreement are 0 to 110. This agreement can be illustrated along with the product prior to creation of the premium deposit account and is available to the general public.

This Agreement allows a policy owner to make up to three deposits into the Premium Deposit Account (PDA) connected with their policy. These deposits will be used to pay the annual planned premium according to a schedule determined at the time of the deposit. Interest at a rate determined at the time of the deposit will be credited to the funds withdrawn to pay each premium. The interest credited will reduce the amount of PDA funds required to pay the annual planned premium.

Premium Deposit Account Confirmation - A confirmation will be sent when a deposit is made which will show the deposit amount, interest rate to be credited on withdrawals for premium payments, schedule of withdrawals from the PDA and the remaining balance. An exhibit of this Confirmation is attached as a Supporting Document.

Policy Data Pages - A sample for one policy is attached as a Supporting Document. The appearance of this agreement on the policy data pages is identical for each of the five products listed.

Statement of Variability - An exhibit showing the addition of variable data for each of the five products' Statement of Variability is also attached. This exhibit is intended to satisfy the notification requirement for any changes to the Statement of Variability.

The universal life products to which this agreement can be attached are shown below along with their approval date and state or SERFF filing tracking number .

Eclipse Indexed Universal Life Policy, Form 06-700, Approved 07-07-06 in State # 32713
Legacy Protector Survivor Universal Life, Form 08-210.03, Approved 10-14-08 in State # 40431
Eclipse Protector Indexed Universal Life, Form 09-710.03, Approved 12-01-09 in State # 43942
Eclipse Survivor Universal Life, Form 10-720.03, Approved 12-02-10 in State # 47371
Accumulator Universal Life, Form 10-220.03, Approved 09-08-10 in State # 47145

The form is submitted in final print and is subject to only minor modification in paper stock size, ink, border, Company logo, and adaptation to electronic media or computer printing.

An actuarial memorandum for the Agreement, is also included.

Company and Contact

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Filing Contact Information

Joyce Townsend, Senior Product Compliance joyce.townsend@securian.com
 Specialist
 400 ROBERT STREET NORTH 651-665-5902 [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: \$125.00
 Retaliatory? Yes
 Fee Explanation: AR fee = \$50 per rider
 MN fee = \$125 per filing package
 \$125 if being submitted
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$125.00	05/06/2011	47353286

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/11/2011	05/11/2011

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Disposition

Disposition Date: 05/11/2011

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	PDA Deposit Confirmation		Yes
Supporting Document	Sample policy data page.		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Actuarial Memorandum		No
Form	Premium Deposit Account Agreement		Yes

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Form Schedule

Lead Form Number: 11-301

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	11-301	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.100	11-301 PDA.pdf

Premium Deposit Account Agreement

This agreement is a part of the policy to which it is attached and is subject to all its terms and conditions. This agreement is effective as of the original policy date of this policy unless a different effective date is shown on the policy data pages.

What does this agreement provide?

This agreement allows for the payment of the planned premiums for your life insurance policy on an annual basis, using amounts withdrawn from your premium deposit account. The amount and number of annual planned premium payments to be paid will be shown on your Premium Deposit Account Confirmation which we will send you upon receipt of your deposit.

Is there a charge for this agreement?

No. There is no charge for this agreement.

Can you have more than one premium deposit account on your policy?

No. Only one premium deposit account is allowed per policy.

How many deposits can be made to your premium deposit account?

We will accept up to three deposits into your premium deposit account. However, you may only make one deposit to your premium deposit account in the first policy year. If you send us additional deposits, we will require you to increase your annual planned premium or extend the period of time over which your planned premium will be paid from your premium deposit account. You must pay the annual planned premium from your premium deposit account over a period at least as long as that shown on your most recent Premium Deposit Account Confirmation.

What is the amount we will withdraw from your premium deposit account?

We will withdraw from your premium deposit account an amount equal to the annual planned premium less interest credited.

When will we withdraw amounts from your premium deposit account to pay your annual planned premiums?

We will withdraw an amount from your premium deposit account to pay your planned premium on the first day after each policy anniversary.

What is the guaranteed interest rate that applies to interest earned on amounts withdrawn from your premium deposit account?

The guaranteed interest rate that applies to the amounts withdrawn from your premium deposit account to pay premiums is shown on your Premium Deposit Account Confirmation.

When is interest credited?

When amounts are withdrawn from your premium deposit account to pay the planned premium, interest is credited on such amounts from the date of the deposit stated on your Premium Deposit Account Confirmation to the date of the withdrawal. No interest is earned on amounts in your premium deposit account that are returned due to termination of this agreement.

Is the interest credited on amounts withdrawn from your premium deposit account taxable?

Yes. The interest that is credited on amounts withdrawn from your premium deposit account to pay premiums is taxable. We will send you a Form 1099-INT statement annually showing the amount of the interest credited.

Can you withdraw the full balance of your premium deposit account?

Yes. You may make a request to withdraw the full balance of your premium deposit account. We will send you the balance of your premium deposit account with no interest. Such withdrawal will terminate this agreement.

When will the balance of your premium deposit account be returned to you?

The balance of your premium deposit account will be returned to you under the following circumstances:

- (1) when your policy terminates or is surrendered;
or
- (2) when this agreement is terminated.

May you change the annual planned premium while your premium deposit account agreement is in effect?

No, except when you increase your annual planned premium as a result of additional deposits into your premium deposit account.

Can you make premium payments to your policy in addition to those made by your premium deposit account?

Yes. You may make whatever premium payments on your policy you wish, subject to any restrictions or conditions for premium payments as stated in your policy.

What happens if we cannot apply the full premium amount from your premium deposit account when your planned premium is due?

If the full amount of the planned premium would disqualify your policy as life insurance according to the terms of the policy, we will apply as much premium as we can so your policy will remain qualified. Any amount of planned premium that remains will be returned to you. We will then terminate this agreement and refund the balance of your premium deposit account to you without interest.

If the full amount of the planned premium would cause your policy to become a modified endowment contract (MEC), we will apply as much premium as we can according to your existing MEC instructions. Any amount of planned premium that remains will be returned to you. If we return any premium, we will then terminate this agreement and refund the balance of your premium deposit account to you without interest.

To whom will we pay any balance remaining in your premium deposit account upon the death of the insured?

We will pay to the beneficiary of the policy any balance remaining in your premium deposit account, with accrued interest, upon the death of the insured.

Is this agreement subject to the incontestability and suicide provisions of the policy?

No. Those provisions do not apply to this agreement. If the insured dies within the contestable period from any cause, any remaining balance in your premium deposit account will be paid to the beneficiary of the policy with accrued interest.

When does this agreement terminate?

This agreement will terminate:

- (1) when your policy terminates or is surrendered; or
- (2) when we receive a written request to terminate this agreement; or
- (3) after the balance in your premium deposit account goes to zero; or
- (4) when you decrease your annual planned premium; or
- (5) upon the death of the insured.

Can this agreement be reinstated?

No. If this agreement terminates for any reason, it will not be reinstated. However, you may be allowed to add a new premium deposit account agreement.


Secretary


President

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attached is certification compliance with Rule & Regulation 19, Rule & Regulation 49, Arkansas Statute ACA 23-80-206 and Arkansas Statute ACA 23-79-138.

Attachment:

Certification of Compliance.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

Attached is exhibit of our previously approved new issue application.
 Part 1, F59410 Rev 5-2010, was approved on 8/17/2010, SERFF #MNNL-126770349. DOI #46510
 Part 2, F.59573 8-2003, was approved on 6/10/2004, SERFF #USPH-5ZRT7Z845. DOI #26610.
 Part 3, F59536 Rev 5-2010, was approved 8/17/2010, SERFF #MNNL-126770349. DOI #46510

Attachment:

New Issue Application.pdf

Item Status: **Status**
Date:

Satisfied - Item: PDA Deposit Confirmation

Comments:

Attached is a sample PDA Deposit Confirmation.

Attachment:

PDA Confirm- Initial Deposit.pdf

Item Status: **Status**
Date:

Satisfied - Item: Sample policy data page.

Comments:

Attached is a sample policy data page showing the addition of the Premium Deposit Account. Because the language for

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the PDA will be the same for each of the policies to which this agreement can be attached, we are only submitting one set of data pages.

Attachment:

09-710.03 Std Data Pgs.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attached are the Statements of Variability for the addition of this rider to the policy data pages for each of the policies to which this agreement can be attached.

Attachment:

Revised Stmt of Variability-NC.pdf



CERTIFICATION OF COMPLIANCE

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

Rule and Regulation 19
Rule and Regulation 49
Arkansas Statute 23-80-206
Arkansas Statute 23-79-138

Unfair Sex Discrimination
Guaranty Association Notice
Flesch Certification
Consumer Information Notice

A handwritten signature in black ink, appearing to read "Matthew Harrington", written over a horizontal line.

Signature

Name: Matthew Harrington

Title: Assistant Secretary

Date: May 6, 2011

EXHIBIT

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; padding: 2px;">Current Smoker <input type="checkbox"/></td> <td style="width:20%; border: 1px solid black; padding: 2px;">Past Smoker <input type="checkbox"/></td> <td style="width:20%; border: 1px solid black; padding: 2px;">Packs Per Day</td> <td style="width:40%; border: 1px solid black; padding: 2px;">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; padding: 2px;">What Type</td> <td style="width:20%; border: 1px solid black; padding: 2px;">Current User <input type="checkbox"/></td> <td style="width:20%; border: 1px solid black; padding: 2px;">Past User <input type="checkbox"/></td> <td style="width:20%; border: 1px solid black; padding: 2px;">How Much</td> <td style="width:20%; border: 1px solid black; padding: 2px;">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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Premium Deposit Account Confirmation

MINNESOTA LIFE

Minnesota Life Insurance Company – A Securian Company
Individual Policyowner Services · 400 Robert Street North · St. Paul, Minnesota 55101-2098

[Sep 01, 2011]

[John A. Doe
12345 Main St
Address 2
Address 3
Any Town, MN 55101]

Policy Number: [1000000W]
Insured(s): [John A. Doe]

A payment in the amount of \$[73,768.92] was applied to your premium deposit account effective [September 01, 2011]. The annual interest rate that will be credited at the time the funds are withdrawn from this deposit to pay your policy's annual planned premium is [4.25] %.

Premium Deposit Effective [September 01, 2011]

Premium Deposit Amount: \$[73,768.92]
Premium Deposit Interest Rate: [4.25%]
Current Premium Deposit Balance: \$[73,768.92]

Schedule of Annual Planned Premiums to be paid from this Premium Deposit Amount:

Date of Annual Premium Payment	Annual Premium to be Paid	Amount to be Withdrawn	Taxable Interest to be Credited
[August 02, 2012	\$10,000.00	\$9,625.65	\$374.35
August 02, 2013	\$10,000.00	\$9,233.24	\$766.76
August 02, 2014	\$10,000.00	\$8,856.83	\$1,143.17
August 02, 2015	\$10,000.00	\$8,495.76	\$1,504.24
August 02, 2016	\$10,000.00	\$8,149.41	\$1,850.59
August 02, 2017	\$10,000.00	\$7,817.18	\$2,182.82
August 02, 2018	\$10,000.00	\$7,498.49	\$2,501.51
August 02, 2019	\$10,000.00	\$7,192.80	\$2,807.20
August 02, 2020	\$10,000.00	\$6,899.57	\$3,100.43]

As of [September 1, 2011]:

Your Total Premium Deposit Account balance is \$[73,768.92]

We will report each year's taxable interest credited to you on a Form 1099-INT, which will be sent to you in the year following the payment of premium from your Premium Deposit Account.

We're here to help you. If you need other information or assistance, please contact us.

[Rep phone]
[Rep name]
[Rep address]
[Rep address]
[Rep address]
[Rep address]
[City/state/zip]

[Minnesota Life
Life Customer Contact Center
400 Robert Street North
St. Paul, MN 55101-2098
800-649-5726]

ECLIPSE PROTECTOR INDEXED UNIVERSAL LIFE POLICY

Insured: John A. Doe
Issue Age: 35
Gender: Male
Policy Number: 1-000-000W
Policy Date: Aug 01 2011
Policy Change Date: Aug 01 2013
Death Benefit Option: Level

PREMIUM

Monthly Initial Minimum Premium: \$202.10 effective Aug 01 2011
Planned Premium: \$937.50 Quarterly
Maturity Date Aug 01 2097

This policy may not mature on the maturity date even if planned premiums are paid because the current cost of insurance and interest rates are not guaranteed, policy loans and partial withdrawals may be taken, you may change your death benefit option or because of requested changes to your face amount of insurance. We will pay the cash surrender value of the policy on the maturity date. If coverage continues to the maturity date, there may be little or no cash surrender value payable.

This policy has been changed effective Aug 01 2013. The original policy data pages and any changes in effect prior to the Aug 01 2013 are replaced by these policy data pages. If we required evidence of insurability to change this policy, the incontestability and suicide periods with respect to the change will be measured from Aug 01 2013.

BASIC POLICY

Coverage Layer Amount
Coverage Layer \$500,000
Effective: Aug 01, 2011
Age: 35
Risk Class: Preferred Non-Tobacco
Includes Waiver of Premium Agreement until age 60.
Includes Waiver of Charges Agreement until age 60.

Total Face Amount - - - - - \$500,000

ADDITIONAL AGREEMENTS

[Premium Deposit Account Agreement

Effective: Aug 01 2011

There is no monthly charge for this agreement.]

REVISED STATEMENTS OF VARIABILITY
For The Following Five Universal Life Products Shown
Premium Deposit Account Agreement, 11-301

Shown below is the new information for the Agreements section of the Statement of Variability for each of the five products. Previously approved information has not changed.

ECLIPSE INDEXED UNIVERSAL LIFE POLICY, Form 06-700

SECTION:	VARIABLE DATA	Explanation
Additional Agreements	Premium Deposit Account Agreement	(a) Lists optional agreements available for this policy.

LEGACY PROTECTOR SURVIVORSHIP UNIVERSAL LIFE POLICY, Form 08-210.03

Additional Agreements	Premium Deposit Account Agreement	(c) Optional agreement chosen by policy owner
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ECLIPSE PROTECTOR UNIVERSAL LIFE POLICY, Form 09-710.03

Additional Agreements	Premium Deposit Account Agreement	(a) Lists optional agreements available for this policy.
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ECLIPSE SURVIVOR INDEXED UNIVERSAL LIFE, Form 10-720.03

Additional Agreements	Premium Deposit Account Agreement	(a) Lists optional agreements available for this policy.
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ACCUMULATOR UNIVERSAL LIFE, Form, 10-220.03

Additional Agreements	<p>If any of the following approved or previously state-approved agreements are selected, they will be displayed here.</p> <p>Premium Deposit Account Agreement</p>	(a) Lists optional agreements available for this policy.
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