

SERFF Tracking Number: MNNL-128214161 State: Arkansas  
Filing Company: Minnesota Life Insurance Company State Tracking Number:  
Company Tracking Number: 11-70214 REV 3-2012  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Advisor Variable Annuity Application  
Project Name/Number: 2012 Variable Annuity App Revision/11-70214 Rev 3-2012

## Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Advisor Variable Annuity Application SERFF Tr Num: MNNL-128214161 State: Arkansas

Application

TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: 11-70214 REV 3-2012 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Monica Ramstad

Disposition Date: 04/02/2012

Date Submitted: 03/28/2012

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: 2012 Variable Annuity App Revision

Status of Filing in Domicile: Pending

Project Number: 11-70214 Rev 3-2012

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/02/2012

State Status Changed: 04/02/2012

Deemer Date:

Created By: Monica Ramstad

Submitted By: Monica Ramstad

Corresponding Filing Tracking Number: 11-70214 Rev 3-2012

Filing Description:

NAIC Number 66168

Re: 11-70214 Rev 3-2012, MultiOption Advsior Variable Annuity Application

11-70215 Rev 3-2012, Waddell & Reed Advisors Retirement Builder Variable Annuity Application

11-70205 Rev 3-2012, MultiOption Legend and Extra Variable Annuity Application

The attached applications are intended to replace the previously approved version of each form as noted below.

*SERFF Tracking Number:* MNNL-128214161 *State:* Arkansas  
*Filing Company:* Minnesota Life Insurance Company *State Tracking Number:*  
*Company Tracking Number:* 11-70214 REV 3-2012  
*TOI:* A03I Individual Annuities - Deferred Variable *Sub-TOI:* A03I.002 Flexible Premium  
*Product Name:* Advisor Variable Annuity Application  
*Project Name/Number:* 2012 Variable Annuity App Revision/11-70214 Rev 3-2012

11-70214 Rev 3-2012 will replace 11-70214, approved 08-09-2011  
11-70215 Rev 3-2012 will replace 11-70215, approved 08-09-2011  
11-70205 Rev 3-2012 will replace 11-70205 Rev 8-2011, approved 08-16-2011

The applications were submitted to our domiciliary state of Minnesota as part of an Interstate Compact submission under SERFF number MNNL-128135985, and are pending approval at this time.

The application form 11-70214 Rev 3-2012 will be used to apply for our previously approved MultiOption Advisor – Individual Flexible Payment Deferred Variable Annuity, form 03-70090, approved by your state on 09-22-2003.

The application form 11-70215 Rev 3-2012 will be used to apply for our previously approved Waddell & Reed Advisors Retirement Builders – Individual Flexible Payment Deferred Variable Annuity, form 03-70113, approved by your state on 04-07-2004.

The application form 11-70205 Rev 3-2012 will be used to apply for our previously approved MultiOption Legend and Extra variable annuity forms 11-70202 and 11-70203, approved by your state on 03-28-2011.

The major difference between the previous version and the current version of these forms is the addition of an e-mail address for the applicants, the addition of a new rider form in the Living Benefits question, the opportunity for acknowledgement of e-delivery of the prospectus and other related documents, and the choice of a compensation option for the representative/agent.

We have also included a Statement of Variability for these applications.

These forms are submitted in final print format and are subject to only minor modification in paper stock size, ink, border, Company logo, and adaptation to electronic media or computer printing.

Thank you for your continued attention to this filing. We look forward to its approval. Please do not hesitate to contact me if I can of assistance during your review.

Sincerely,

Monica Ramstad  
Senior Product Compliance Analyst  
Minnesota Life Insurance Company  
- A Securian Company  
Tel. 651.665.4838

SERFF Tracking Number: MNNL-128214161 State: Arkansas  
 Filing Company: Minnesota Life Insurance Company State Tracking Number:  
 Company Tracking Number: 11-70214 REV 3-2012  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Advisor Variable Annuity Application  
 Project Name/Number: 2012 Variable Annuity App Revision/11-70214 Rev 3-2012  
 Fax 651.665.5424

State Narrative:

## Company and Contact

### Filing Contact Information

Monica Ramstad, Supervisor - Ind & RS monica.ramstad@securian.com  
 Product Compliance  
 400 ROBERT STREET NORTH 651-665-4838 [Phone]  
 ST. PAUL, MN 55101-2098 651-665-3853 [FAX]

### Filing Company Information

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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$125.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$125.00	03/28/2012	57548356
Minnesota Life Insurance Company	\$25.00	03/29/2012	57578500

SERFF Tracking Number: MNNL-128214161 State: Arkansas  
 Filing Company: Minnesota Life Insurance Company State Tracking Number:  
 Company Tracking Number: 11-70214 REV 3-2012  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: Advisor Variable Annuity Application  
 Project Name/Number: 2012 Variable Annuity App Revision/11-70214 Rev 3-2012

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/02/2012	04/02/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/29/2012	03/29/2012	Monica Ramstad	03/29/2012	03/29/2012

*SERFF Tracking Number:* MNNL-128214161      *State:* Arkansas  
*Filing Company:* Minnesota Life Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* 11-70214 REV 3-2012  
*TOI:* A031 Individual Annuities - Deferred Variable      *Sub-TOI:* A031.002 Flexible Premium  
*Product Name:* Advisor Variable Annuity Application  
*Project Name/Number:* 2012 Variable Annuity App Revision/11-70214 Rev 3-2012

## **Disposition**

Disposition Date: 04/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-128214161 State: Arkansas  
 Filing Company: Minnesota Life Insurance Company State Tracking Number:  
 Company Tracking Number: 11-70214 REV 3-2012  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Advisor Variable Annuity Application  
 Project Name/Number: 2012 Variable Annuity App Revision/11-70214 Rev 3-2012

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Form	MultiOption Advisor Variable Annuity Application	Yes	Yes
Form	Waddell & Reed Advisor Retirement Builder Variable Annuity Application	Yes	Yes
Form	MultiOption Legend and Extra Variable Annuity Application	Yes	Yes

SERFF Tracking Number: MNNL-128214161 State: Arkansas  
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Product Name: Advisor Variable Annuity Application  
Project Name/Number: 2012 Variable Annuity App Revision/11-70214 Rev 3-2012

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	03/29/2012
Submitted Date	03/29/2012
Respond By Date	04/30/2012

Dear Monica Ramstad,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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Project Name/Number: 2012 Variable Annuity App Revision/11-70214 Rev 3-2012

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/29/2012  
Submitted Date 03/29/2012

Dear Linda Bird,

### Comments:

Thank you for your response.

### Response 1

Comments: I have submitted an additional \$25.00.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time in reviewing this submission. Please let me know if you have any further questions or concerns.

Sincerely,

Monica Ramstad

SERFF Tracking Number: MNNL-128214161 State: Arkansas  
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 Company Tracking Number: 11-70214 REV 3-2012  
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## Form Schedule

### Lead Form Number: 11-70214 Rev 3-2012

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	11-70214 Rev 3-2012	Application/MultiOption Advisor Enrollment Form Variable Annuity Application	Initial			11-70214 3-2012 JD.pdf
	11-70215 Rev 3-2012	Application/Waddell & Reed Enrollment Form Builder Variable Annuity Application	Initial			11-70215 3-2012 JD.pdf
	11-70205 Rev 3-2012	Application/MultiOption Legend Enrollment and Extra Variable Form Annuity Application	Initial			11-70205 3-2012 JD.pdf

# MultiOption Advisor B Class Variable Annuity Application

Minnesota Life Insurance Company - A Securian Company  
Securian Annuity Services • A3-9999  
400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax 651-665-7942  
1-800-362-3141  
www.securian.com

**MINNESOTA LIFE**

<b>1. Type of Plan</b>				
<input type="checkbox"/> Traditional IRA - Tax year _____	<input checked="" type="checkbox"/> Non-Qualified			
<input type="checkbox"/> Roth IRA - Tax year _____	<input type="checkbox"/> Corporate Non-Qualified			
<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> Non-Corporate Non-Qualified (LLP or LLC)			
<input type="checkbox"/> Other _____	<input type="checkbox"/> Under the _____ (state) UTMA/UGMA			
<b>2. Owner</b>				
Individual name (first, middle initial, last, suffix), or corporation name or trust title <b>John Doe</b>			US citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth or date of trust <b>6-6-1966</b>	Tax I.D. (SSN or TIN) <b>123-45-6666</b>	If trust, is it revocable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address <b>123 Main Street</b>		City <b>Anytown</b>		
State <b>MN</b>	Zip code <b>55555</b>	E-mail address	Telephone number <b>123-33-4444</b>	
<b>3. Joint Owner (if applicable)</b>				
Individual name (first, middle initial, last, suffix)			US citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Tax I.D. (SSN)	Relationship to owner	
Street address		City		
State	Zip code	E-mail address	Telephone number	
<b>4. Annuitant</b>				
Individual name (first, middle initial, last, suffix)			US citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Tax I.D. (SSN)	Relationship to owner	
Street address		City		
State	Zip code	E-mail address	Telephone number	
<b>5. Joint Annuitant (if applicable)</b>				
Individual name (first, middle initial, last, suffix)			US citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Tax I.D. (SSN)	Relationship to annuitant	
Street address		City		
State	Zip code	E-mail address	Telephone number	

For UTMA/UGMA, enter custodian's information here.

Complete only if the individual annuitant is not the same as owner.

For UTMA/UGMA, enter minor's information here.

Complete only if the joint annuitant is not the same as owner.



<p><b>Primary beneficiary designations must total 100%.</b></p> <p><b>Contingent beneficiary designations must total 100%.</b></p> <p><b>Please identify any additional beneficiaries in Section 10. ]</b></p>	<b>6. Beneficiary(ies)</b>		
	Name <b>Mary Doe</b>		
	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth <b>7-9-1968</b>	Tax I.D. (SSN or TIN) <b>111-22-3345</b>
	Relationship to owner <b>Wife</b>	Type of beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage <b>100</b> %
	Address <b>same as owner</b>		
City		State	Zip code
Name			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)	
Relationship to owner	Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	
Address			
City		State	Zip code
Name			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)	
Relationship to owner	Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	
Address			
City		State	Zip code
<p><b>Maximum issue age for these riders is 75.]</b></p>	<b>7. Optional Death Benefit Riders (Subject to state availability; additional charges apply - see Prospectus)</b>		
	<p><b>[</b> <input type="checkbox"/> Highest Anniversary Value Death Benefit  <input type="checkbox"/> 5% Death Benefit Increase<sup>1, 2</sup>  <input type="checkbox"/> Premier Death Benefit<sup>1, 2</sup>  <input type="checkbox"/> Estate Enhancement Benefit<sup>1, 2, 3</sup></p> <p><sup>1</sup> Not available in Washington  <sup>2</sup> Not available in combination with Living Benefit Riders in Section 8  <sup>3</sup> Not available with 5% Death Benefit Increase or Premier Death Benefit in New Jersey <b>]</b></p>		
<p><b>[If selecting a joint option, on a qualified plan type, the primary beneficiary must be the designated life. ]</b></p>	<b>8. Optional Living Benefit Riders (Subject to state availability; additional charges apply - see Prospectus)</b>		
	<p><b>[</b> Minimum and maximum age requirements may apply - see Prospectus for details.  Choose only one</p> <p><input type="checkbox"/> Encore Lifetime Income - Single  <input type="checkbox"/> Encore Lifetime Income - Joint  <input type="checkbox"/> Ovation Lifetime Income II - Single  <input type="checkbox"/> Ovation Lifetime Income II - Joint  <input type="checkbox"/> Guaranteed Minimum Income Benefit <b>]</b></p>		

**9. Replacement**

**[ Please be aware that client and representative/agent responses in Sections 9 and 15 must match. ]**

Do you have any existing life insurance or annuity contracts?  Yes  No

Will the contract applied for replace or change an existing life insurance or annuity contract? If yes, complete the section below.  Yes  No

Company Name	Life/ Annuity	Policy/Contract Number	Year Issued

**If yes, a State Replacement form is required to be signed, dated and enclosed with this application for most states. ]**

**10. Special Instructions**

**11. Purchase Payment Method**

**[ Minimum purchase payment is \$10,000. ]**

Approximate Amount \$ 50,000 Purchase payment submitted via:

Make checks payable to Minnesota Life. **[ ]**

Check with application  Client initiated rollover  1035 exchange

Non-Qualified Transfer  Direct Transfer/Rollover

**12. Notice to Applicant**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**13. Electronic Prospectus Authorization**

**[ Please enter your initials on this line if you are authorizing e-delivery of your documents. ]**

JD Yes, I would like to receive electronic copies of the variable annuity and/or variable life insurance prospectus(es), privacy policies, underlying fund company prospectus(es) and supplements, underlying fund semiannual and annual reports and supplements rather than paper copies. I understand I will: receive a communication directing me to the Minnesota Life internet web site address where the documents will be available, be notified when new, updated prospectuses, privacy policies, reports and supplements for contracts become available, and continue to receive my statements in the mail. I understand and acknowledge that I: have the ability to access the internet and will need Adobe Acrobat Reader in order to view the documents, am responsible for any subscription fees an internet service provider might charge for internet access, (Minnesota Life does not charge a fee for electronic delivery), may request specific documents in paper form at any time without revoking this consent, and can revoke this consent at any time by calling Minnesota Life's Service Center at 1-800-362-3141 or writing to the address PO Box 64626, St. Paul, MN 55164-0628. I also understand that Minnesota Life will rely on my signature as consent to receive all of the above mentioned disclosure documents for all Minnesota Life products currently owned and any purchased in the future, until this consent is revoked.

Owner's Initials

**14. Owner/Annuitant Signatures**

I acknowledge that I have received and understand the current prospectus. I understand that all payments and values provided by this contract, when based upon the investment experience of a variable annuity account, are variable, may increase or decrease and are not guaranteed as to dollar amount.

Amounts from the guaranteed term account withdrawn, surrendered, or applied to provide annuity payments prior to the end of the guarantee period will be subject to a market value adjustment. The market value adjustment may increase or decrease the values available in this contract.

If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the Military Personnel Financial Services Disclosure for Annuity Sales (form F72467) disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I/we represent that the statements and answers in this application are full, complete, and true to the best of my/our knowledge and belief. I/we agree that they are to be considered the basis of any contract issued to me/us. I/we have read and agree with the applicable statements. The representative left me/us the original or a copy of the written or printed communications used in this presentation.

Contract owner's signature

**X /s/ John Doe**

Signed in (city)

Anytown

State

MN

Date

**3-21-2012**

Joint contract owner's signature, if any

**X**

Signed in (city)

State

Date

Annuitant's signature (if other than the owner)

**X**

Date

Joint annuitant's signature, if any

**X**

Date

**15. To Be Completed By Representative/agent**

**[Representative/agent responses must match client responses in Section 9.**

**All representatives/agents involved in this sale must sign this application.**

**Representative/agent split must total 100%. ]**

To the best of my knowledge and belief, this applicant has existing life insurance  Yes  No or annuity contracts.

To the best of my knowledge and belief, the contract applied for will replace or  Yes  No change an existing life insurance or annuity contract.

**No written sales materials were used other than those furnished by the Home Office. I believe the information provided by this client is true and accurate to the best of my knowledge and belief.**

Representative/agent name (print)

**James Smith**

Representative/agent code

**1234**

**100 %**

Representative/agent signature

**X /s/ James Smith**

Representative/agent name (print)

Representative/agent code

%

Representative/agent signature

**X**

Representative/agent name (print)

Representative/agent code

%

Representative/agent signature

**X**

**[! One option must be selected.]**

**[Please choose a compensation option below: ]**

**[  U  U/T  U/T-3  L ]**

<b>16. To Be Completed By Broker - Dealer</b>			
Broker - dealer name	Date	Signature of authorized dealer	
<b>Smith and Associates</b>	<b>3-21-2012</b>	<b>X /s/ Smith</b>	
Principal signature	Date	Special note	
<b>X</b>			
<b>17. To Be Completed By Minnesota Life</b>			
Accepted by	Date	Contract number	
<b>Susan Jones</b>	<b>3-22-2012</b>	<b>12345</b>	

# Waddell & Reed Advisors Retirement Builder

## Variable Annuity Application

Minnesota Life Insurance Company - A Securian Company  
 Securian Annuity Services • A3-9999  
 400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax 651-665-7942  
 1-800-362-3141  
 www.securian.com

**MINNESOTA LIFE**

<b>1. Type of Plan</b>					
<input type="checkbox"/> Traditional IRA - Tax year _____		<input checked="" type="checkbox"/> Non-Qualified			
<input type="checkbox"/> Roth IRA - Tax year _____		<input type="checkbox"/> Corporate Non-Qualified			
<input type="checkbox"/> Inherited IRA		<input type="checkbox"/> Non-Corporate Non-Qualified (LLP or LLC)			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Under the _____ (state) UTMA/UGMA			
<b>2. Owner</b>					
<b>[ For UTMA/UGMA, enter custodian's information here. ]</b>	Individual name (first, middle initial, last, suffix), or corporation name or trust title			US citizen	
	<b>John Doe</b>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth or date of trust	Tax I.D. (SSN or TIN)	If trust, is it revocable?	
		<b>6-6-1967</b>	<b>123-33-4444</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Street address		City		
	<b>123 Main Street</b>		<b>Anytown</b>		
	State	Zip code	E-mail address	Telephone number	
<b>MN</b>	<b>55555</b>		<b>123-333-4444</b>		
<b>3. Joint Owner (if applicable)</b>					
Individual name (first, middle initial, last, suffix)			US citizen		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Tax I.D. (SSN)	Relationship to owner		
Street address		City			
State	Zip code	E-mail address	Telephone number		
<b>4. Annuitant</b>					
<b>[ Complete only if the individual annuitant is not the same as owner. ]</b>	Individual name (first, middle initial, last, suffix)			US citizen	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Tax I.D. (SSN)	Relationship to owner	
	Street address		City		
	State	Zip code	E-mail address	Telephone number	
	<b>5. Joint Annuitant (if applicable)</b>				
	<b>[ Complete only if the joint annuitant is not the same as owner. ]</b>	Individual name (first, middle initial, last, suffix)			US citizen
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Tax I.D. (SSN)	Relationship to annuitant	
Street address		City			
State		Zip code	E-mail address	Telephone number	



IAN000064



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<p><b>[ Primary beneficiary designations must total 100%. Contingent beneficiary designations must total 100%. Please identify any additional beneficiaries in Section 10. ]</b></p>	<b>6. Beneficiary(ies)</b>		
	Name <b>Mary Doe</b>		
	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth <b>7-7-1967</b>	Tax I.D. (SSN or TIN) <b>122-22-3456</b>
	Relationship to owner <b>Wife</b>	Type of beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage <b>100</b> %
	Address <b>same as owner</b>		
	City	State	Zip code
	Name		
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)
	Relationship to owner	Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %
	Address		
City	State	Zip code	
Name			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)	
Relationship to owner	Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	
Address			
City	State	Zip code	
<p><b>[ Maximum issue age for these riders is 75. ]</b></p>	<b>7. Optional Death Benefit Riders (Subject to state availability; additional charges apply - see Prospectus)</b>		
	<p><input type="checkbox"/> Highest Anniversary Value Death Benefit  <input type="checkbox"/> 5% Death Benefit Increase<sup>1, 2</sup>  <input type="checkbox"/> Premier Death Benefit<sup>1, 2</sup>  <input type="checkbox"/> Estate Enhancement Benefit<sup>1, 2, 3</sup></p> <p><sup>1</sup> Not available in Washington  <sup>2</sup> Not available in combination with Living Benefit Riders in Section 8  <sup>3</sup> Not available with 5% Death Benefit Increase or Premier Death Benefit in New Jersey ]</p>		
<p><b>[ If selecting a joint option, on a qualified plan type, the primary beneficiary must be the designated life. ]</b></p>	<b>8. Optional Living Benefit Riders (Subject to state availability; additional charges apply - see Prospectus)</b>		
	<p><b>[ Minimum and maximum age requirements may apply - see Prospectus for details.</b></p> <p>Choose only one</p> <p><input type="checkbox"/> Encore Lifetime Income - Single  <input type="checkbox"/> Encore Lifetime Income - Joint  <input type="checkbox"/> Ovation Lifetime Income II - Single  <input type="checkbox"/> Ovation Lifetime Income II - Joint  <input type="checkbox"/> Guaranteed Minimum Income Benefit ]</p>		

**9. Replacement**

**[ Please be aware that client and representative/agent responses in Sections 9 and 15 must match.**

Do you have any existing life insurance or annuity contracts?  Yes  No

Will the contract applied for replace or change an existing life insurance or annuity contract? If yes, complete the section below.  Yes  No

**If yes, a State Replacement form is required to be signed, dated and enclosed with this application for most states. ]**

Company Name	Life/ Annuity	Policy/Contract Number	Year Issued

**10. Special Instructions**

**11. Purchase Payment Method**

**[ Minimum purchase payment is \$10,000.**

Approximate Amount \$ 50,000 Purchase payment submitted via:

**Make checks payable to Minnesota Life. ]**

Check with application  Client initiated rollover  1035 exchange

Non-Qualified Transfer  Direct Transfer/Rollover

**12. Notice to Applicant**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**13. Electronic Prospectus Authorization**

**[ Please enter your initials on this line if you are authorizing e-delivery of your documents. ]**

JD Yes, I would like to receive electronic copies of the variable annuity and/or variable life insurance prospectus(es), privacy policies, underlying fund company prospectus(es) and supplements, underlying fund semiannual and annual reports and supplements rather than paper copies. I understand I will: receive a communication directing me to the Minnesota Life internet web site address where the documents will be available, be notified when new, updated prospectuses, privacy policies, reports and supplements for contracts become available, and continue to receive my statements in the mail. I understand and acknowledge that I: have the ability to access the internet and will need Adobe Acrobat Reader in order to view the documents, am responsible for any subscription fees an internet service provider might charge for internet access, (Minnesota Life does not charge a fee for electronic delivery), may request specific documents in paper form at any time without revoking this consent, and can revoke this consent at any time by calling Minnesota Life's Service Center at 1-800-362-3141 or writing to the address PO Box 64626, St. Paul, MN 55164-0628. I also understand that Minnesota Life will rely on my signature as consent to receive all of the above mentioned disclosure documents for all Minnesota Life products currently owned and any purchased in the future, until this consent is revoked.

Owner's Initials

**14. Owner/Annuitant Signatures**

I acknowledge that I have received and understand the current prospectus. I understand that all payments and values provided by this contract, when based upon the investment experience of a variable annuity account, are variable, may increase or decrease and are not guaranteed as to dollar amount.

Amounts from the guaranteed term account withdrawn, surrendered, or applied to provide annuity payments prior to the end of the guarantee period will be subject to a market value adjustment. The market value adjustment may increase or decrease the values available in this contract.

If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the Military Personnel Financial Services Disclosure for Annuity Sales (form F72467) disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I/we represent that the statements and answers in this application are full, complete, and true to the best of my/our knowledge and belief. I/we agree that they are to be considered the basis of any contract issued to me/us. I/we have read and agree with the applicable statements. The representative left me/us the original or a copy of the written or printed communications used in this presentation.

Contract owner's signature

**X /s/ John Doe**

Signed in (city)  
**Anytown**

State  
**MN**

Date  
**3-21-2012**

Joint contract owner's signature, if any

**X**

Signed in (city)

State

Date

Annuitant's signature (if other than the owner)

**X**

Date

Joint annuitant's signature, if any

**X**

Date

**15. To Be Completed By Representative/agent**

Representative/agent responses must match client responses in Section 9.

All representatives/agents involved in this sale must sign this application.

Representative/agent split must total 100%. [

To the best of my knowledge and belief, this applicant has existing life insurance  Yes  No or annuity contracts.

To the best of my knowledge and belief, the contract applied for will replace or change an existing life insurance or annuity contract.  Yes  No

**No written sales materials were used other than those furnished by the Home Office. I believe the information provided by this client is true and accurate to the best of my knowledge and belief.**

Representative/agent name (print)  
**James Jones**

Representative/agent code  
**1w233**

**100** %

Representative/agent signature

**X /s/ James Jones**

Representative/agent name (print)

Representative/agent code

%

Representative/agent signature

**X**

Representative/agent name (print)

Representative/agent code

%

Representative/agent signature

**X**

[! One option must be selected. ]

Please choose a compensation option below:

U  U/T  U/T-3  L ]

<b>16. To Be Completed By Broker - Dealer</b>			
Broker - dealer name <b>Jones and Associates</b>	Date <b>3-21-2012</b>	Signature of authorized dealer <b>X John Jones</b>	
Principal signature <b>X /s/ Jones</b>	Date <b>3-21-2012</b>	Special note	
<b>17. To Be Completed By Minnesota Life</b>			
Accepted by <b>Susan Anderson</b>	Date <b>3-22-2012</b>	Contract number <b>12345</b>	

# MultiOption Legend and MultiOption Extra Variable Annuity Application

Minnesota Life Insurance Company - A Securian Company  
Securian Annuity Services • A3-9999  
400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax 651-665-7942  
1-800-362-3141  
www.securian.com

**MINNESOTA LIFE**

<b>1. Select Contract Type</b>				
<input checked="" type="checkbox"/> MultiOption Legend		<input type="checkbox"/> MultiOption Extra		
<b>2. Type of Plan</b>				
<input type="checkbox"/> Traditional IRA - Tax year _____		<input checked="" type="checkbox"/> Non-Qualified		
<input type="checkbox"/> Roth IRA - Tax year _____		<input type="checkbox"/> Corporate Non-Qualified		
<input type="checkbox"/> Inherited IRA		<input type="checkbox"/> Non-Corporate Non-Qualified (LLP or LLC)		
<input type="checkbox"/> Other _____		<input type="checkbox"/> Under the _____ (state) UTMA/UGMA		
<b>3. Owner</b>				
Individual name (first, middle initial, last, suffix), or corporation name or trust title				US citizen
<b>John Doe</b>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth or date of trust	Tax I.D. (SSN or TIN)	If trust, is it revocable?	
	<b>6-10-1968</b>	<b>123-44-5678</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address		City		
<b>123 Main Street</b>		<b>Anytown</b>		
State	Zip code	E-mail address	Telephone number	
<b>MN</b>	<b>55555</b>		<b>123-333-3345</b>	
<b>4. Joint Owner (if applicable)</b>				
Individual name (first, middle initial, last, suffix)				US citizen
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Tax I.D. (SSN)	Relationship to owner	
Street address		City		
State	Zip code	E-mail address	Telephone number	
<b>5. Annuitant</b>				
Individual name (first, middle initial, last, suffix)				US citizen
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Tax I.D. (SSN)	Relationship to owner	
Street address		City		
State	Zip code	E-mail address	Telephone number	
<b>6. Joint Annuitant (if applicable)</b>				
Individual name (first, middle initial, last, suffix)				US citizen
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Tax I.D. (SSN)	Relationship to annuitant	
Street address		City		
State	Zip code	E-mail address	Telephone number	

**[ For UTMA/UGMA, enter custodian's information here. ]**

**[ Complete only if the individual annuitant is not the same as owner. ]**

**For UTMA/UGMA, enter minor's information here. ]**

**[ Complete only if the joint annuitant is not the same as owner. ]**



	<b>7. Beneficiary(ies)</b>		
<p><b>[ Primary beneficiary designations must total 100%. Contingent beneficiary designations must total 100%. Please identify any additional beneficiaries in Section 11. ]</b></p>	Name <b>Mary Doe</b>		
	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth <b>7-1-1969</b>	Tax I.D. (SSN or TIN) <b>111-22-3344</b>
	Relationship to owner <b>Wife</b>	Type of beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage <b>100</b> %
	Address <b>same as owner</b>		
	City	State	Zip code
	Name		
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)
	Relationship to owner	Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %
	Address		
	City	State	Zip code
Name			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)	
Relationship to owner	Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	
Address			
City	State	Zip code	
	<b>8. Optional Death Benefit Riders (Subject to state availability; additional charges apply - see Prospectus)</b>		
<p><b>[ Maximum issue age for these riders is 75. ]</b></p>	<p><input type="checkbox"/> Highest Anniversary Value Death Benefit  <input type="checkbox"/> Premier Death Benefit<sup>1, 2</sup>  <input type="checkbox"/> Estate Enhancement Benefit<sup>1, 2, 3</sup></p> <p><sup>1</sup> Not available in Washington  <sup>2</sup> Not available in combination with Living Benefit Riders listed below  <sup>3</sup> Not available with Premier Death Benefit in New Jersey <b>]</b></p>		
	<b>9. Optional Living Benefit Riders (Subject to state availability; additional charges apply - see Prospectus)</b>		
<p><b>[ If selecting a joint option, on a qualified plan type, the primary beneficiary must be the designated life. ]</b></p>	<p><b>[ Minimum and maximum age requirements may apply - see Prospectus for details.</b></p> <p>Choose only one</p> <p><input type="checkbox"/> Encore Lifetime Income - Single  <input type="checkbox"/> Encore Lifetime Income - Joint  <input type="checkbox"/> Ovation Lifetime Income II - Single  <input type="checkbox"/> Ovation Lifetime Income II - Joint  <input type="checkbox"/> Guaranteed Minimum Income Benefit <b>]</b></p>		

**10. Replacement**

**[ Please be aware that client and representative/ agent responses in Sections 10 and 16 must match.**

Do you have any existing life insurance or annuity contracts?  Yes  No

Will the contract applied for replace or change an existing life insurance or annuity contract? If yes, complete the section below.  Yes  No

Company Name	Life/Annuity	Policy/Contract Number	Year Issued

**If yes, a State Replacement form is required to be signed, dated and enclosed with this application for most states. ]**

**11. Special Instructions**

**12. Purchase Payment Method**

**[ Minimum purchase payment is \$10,000.**

Approximate Amount \$ 50,000 Purchase payment submitted via:

Make checks payable to Minnesota Life. ]

Check with application  Client initiated rollover  1035 exchange

Non-Qualified Transfer  Direct Transfer/Rollover

**13. Notice to Applicant**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**14. Electronic Prospectus Authorization**

**[ Please enter your initials on this line if you are authorizing e-delivery of your documents. ]**

JD Yes, I would like to receive electronic copies of the variable annuity and/or variable life insurance prospectus(es), privacy policies, underlying fund company prospectus(es) and supplements, underlying fund semiannual and annual reports and supplements rather than paper copies. I understand I will: receive a communication directing me to the Minnesota Life internet web site address where the documents will be available, be notified when new, updated prospectuses, privacy policies, reports and supplements for contracts become available, and continue to receive my statements in the mail. I understand and acknowledge that I: have the ability to access the internet and will need Adobe Acrobat Reader in order to view the documents, am responsible for any subscription fees an internet service provider might charge for internet access, (Minnesota Life does not charge a fee for electronic delivery), may request specific documents in paper form at any time without revoking this consent, and can revoke this consent at any time by calling Minnesota Life's Service Center at 1-800-362-3141 or writing to the address PO Box 64626, St. Paul, MN 55164-0628. I also understand that Minnesota Life will rely on my signature as consent to receive all of the above mentioned disclosure documents for all Minnesota Life products currently owned and any purchased in the future, until this consent is revoked.

Owner's Initials

**15. Owner/Annuitant Signatures**

I acknowledge that I have received and understand the current prospectus. I understand that all payments and values provided by this contract, when based upon the investment experience of a variable annuity account, are variable, may increase or decrease and are not guaranteed as to dollar amount.

Amounts from the guaranteed term account withdrawn, surrendered, or applied to provide annuity payments prior to the end of the guarantee period will be subject to a market value adjustment. The market value adjustment may increase or decrease the values available in this contract.

If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the Military Personnel Financial Services Disclosure for Annuity Sales (form F72467) disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I/we represent that the statements and answers in this application are full, complete, and true to the best of my/our knowledge and belief. I/we agree that they are to be considered the basis of any contract issued to me/us. I/we have read and agree with the applicable statements. The representative left me/us the original or a copy of the written or printed communications used in this presentation.

Contract owner's signature

**X /s/ John Doe**

Signed in (city) Anytown	State MN	Date <b>3-23-2012</b>
-----------------------------	-------------	--------------------------

Joint contract owner's signature, if any

**X**

Signed in (city)	State	Date
------------------	-------	------

Annuitant's signature (if other than the owner) <b>X</b>	Date
---	------

Joint annuitant's signature, if any <b>X</b>	Date
---	------

**16. To Be Completed By Representative/agent**

[ Representative/agent responses must match client responses in Section 10.

All representatives/agents involved in this sale must sign this application.

Representative/agent split must total 100%. ]

To the best of my knowledge and belief, this applicant has existing life insurance  Yes  No or annuity contracts.

To the best of my knowledge and belief, the contract applied for will replace or  Yes  No change an existing life insurance or annuity contract.

**No written sales materials were used other than those furnished by the Home Office. I believe the information provided by this client is true and accurate to the best of my knowledge and belief.**

Representative/agent name (print) <b>James Smith</b>	Representative/agent code <b>12344</b>	<b>100</b> %
---	---	--------------

Representative/agent signature <b>X /s/ James Smith</b>	
--	--

Representative/agent name (print)	Representative/agent code	%
-----------------------------------	---------------------------	---

Representative/agent signature <b>X</b>	
--	--

Representative/agent name (print)	Representative/agent code	%
-----------------------------------	---------------------------	---

Representative/agent signature <b>X</b>	
--	--

[! One option must be selected. ]

Please choose a compensation option for Legend below:

U/T  L

Please choose a compensation option for Extra below:

U/T  U/T-3  L ]

<b>17. To Be Completed By Broker - Dealer</b>			
Broker - dealer name	Date	Signature of authorized dealer	
<b>Smith and Associates</b>	<b>3-22-2012</b>	<b>X /s/ Tom Anderson</b>	
Principal signature	Date	Special note	
<b>X</b>			
<b>18. To Be Completed By Minnesota Life</b>			
Accepted by	Date	Contract number	
<b>Susan Johnson</b>	<b>3-23-2012</b>	<b>12345</b>	

SERFF Tracking Number: MNNL-128214161 State: Arkansas  
 Filing Company: Minnesota Life Insurance Company State Tracking Number:  
 Company Tracking Number: 11-70214 REV 3-2012  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: Advisor Variable Annuity Application  
 Project Name/Number: 2012 Variable Annuity App Revision/11-70214 Rev 3-2012

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> The attached variable annuity applications are subject to the jurisdiction of the SEC, and are therefore exempt from readability requirements.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Please see the applications on the Forms tab.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> Not applicable to this application submission.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b> Please see the attached Statement of Variability.		
<b>Attachment:</b> Non-compact Statement of Variability.pdf		

## Statement of Variability

### **Application Form 11-70214 Rev 3-2012** **Application Form 11-70215 Rev 3-2012**

All of the instructions down the left margin of the forms have been bracketed in order to allow us to change them in the event our administrative procedures change.

**Question 7 - Optional Death Benefit Riders.** There are brackets around the riders that are listed to indicate that we may wish to add or delete riders without refiling this application form. Rider availability is determined by the current product prospectus.

**Question 8 - Optional Living Benefit Riders.** There are brackets around the riders that are listed to indicate that we may wish to add or delete riders without refiling this application form. Rider availability is determined by the current product prospectus.

**Question 15- To Be Completed By Representative/agent.** There are brackets around the compensation options to indicate that we may offer different compensation options at some time in the future for these contracts.

### **Application Form 11-70205 Rev 3-2012**

All of the instructions down the left margin of the forms have been bracketed in order to allow us to change them in the event our administrative procedures change.

**Question 8 - Optional Death Benefit Riders.** There are brackets around the riders that are listed to indicate that we may wish to add or delete riders without refiling this application form. Rider availability is determined by the current product prospectus.

**Question 9 - Optional Living Benefit Riders.** There are brackets around the riders that are listed to indicate that we may wish to add or delete riders without refiling this application form. Rider availability is determined by the current product prospectus.

**Question 16- To Be Completed By Representative/agent.** There are brackets around the compensation options to indicate that we may offer different compensation options at some time in the future for these contracts.