

Guaranteed/Simplified Issue Offer Request

MINNESOTA LIFE

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

Submission Instructions: Please complete this form, along with a census (in electronic spreadsheet format if available).

Employer Information

Name of firm		Length of time in business	
Company contact name	Title	Telephone number	
Street address (no P.O. Box)			
City		State	Zip code
Description of business/purpose of entity			
Type of organization <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other:			
Name of any subsidiaries to be included in the plan			
If multiple addresses, please provide locations, as well as number of lives and NAR per location			
Number of eligible participants (attach the completed census form)			

Note: All participants must be actively at work, full-time employees

Eligibility based on <input type="checkbox"/> Position <input type="checkbox"/> Salary <input type="checkbox"/> Other:	Expected participation percentage %
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Plan Information

Anticipated plan date		
Type of plan:	Nonqualified deferred compensation <input type="checkbox"/> SERP <input type="checkbox"/> Deferral Other	
Owner (if other than the employer)		
Face amount:	Flat amount \$	Percent/multiple of salary
	Other formula	
	Future benefit increases? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Plan details:	Product	Riders
	Proposed funding pattern	
	Premium mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> PAC Monthly	
	Premium paid by	

Underwriting

Indicate purpose of the insurance

In force coverage

Is this a replacement of another carrier?

Yes No If yes, what carrier:

Reason for exchange, if replaced

What type of underwriting is this replacing?

Other companies bidding

Identify any known issues that would impact the underwriting offer

Producer/Office Information

Producer/agency name

Producer code

Agency code

Street address (no P.O. Box)

City

State

Zip code

Telephone number

Fax number

Email address

Additional producers on case

For Agent Use Only