
Federal Deposit Insurance Corporation
SECURIAN FINANCIAL
DESIGNATION OF BENEFICIARY AND CONTINGENT BENEFICIARY(IES)

PRIVACY ACT STATEMENT

Collection of this information is authorized by 12 U.S.C. § 1819 and Executive Order 9397, as amended. The information you provide in this form will be used to determine your beneficiary(ies) for purposes of your FDIC life insurance. Your Social Security Number ("SSN") is requested in order to differentiate you among employees with the same or similar name. FDIC may disclose this information to the U.S. Office of Personnel Management, the Merit Systems Protection Board, the Office of Special Counsel, the Federal Labor Relations Authority, an arbitrator, and the Equal Employment Opportunity Commission, to the extent disclosure would be necessary to carry out the government-wide personnel management, investigatory, adjudicatory and appellate functions within their respective jurisdiction; a court, magistrate or administrative tribunal in the course of civil or criminal proceedings; a congressional office in response to an inquiry made by you; to federal, state, and local government tax enforcement agencies, upon request, so that they may enforce applicable tax laws; to the beneficiaries so that they may exercise their entitlement rights; to audit firms so that they may perform audits; to the Department of Health and Human Services, upon its request, of the present address of an employee, former employee, or beneficiary for the purpose of enforcing child support obligations against such individual; and in accordance with other routine uses of records published in the FDIC Personnel Records, # 30-64-0015. Completing this form and providing your SSN is voluntary. However, it may not be possible to process the form if you do not provide all of the information requested, which may result in your inability to properly designate a beneficiary(ies) for purposes of your FDIC life insurance.

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SECTION I - INSURED'S INFORMATION

Group Policy No.: 70566	Insured's Name	Insured's Social Security Number	Insured's Date of Birth
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SECTION II - BENEFICIARY DESIGNATION

NOTE: Do not erase or attempt to make any corrections; use a new form.
 When the beneficiary is not related to you by blood or marriage, the "Relationship" should be shown as "Nonrelative."

In accordance with the conditions of the Group Policy, I hereby revoke any previous designation of beneficiary and contingent beneficiary and designate as beneficiary:

Primary Beneficiary Designation				
Full Name (<i>Last, First, Middle Initial</i>)	Relationship	Date of Birth	Address (<i>Street, City, State, Zip Code</i>)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL:

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies).

Contingent Beneficiary Designation				
Full Name (<i>Last, First, Middle Initial</i>)	Relationship	Date of Birth	Address (<i>Street, City, State, Zip Code</i>)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL:

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

Trust(ee) Designation (*Applies only if a trust has been created in an executed trust agreement*)

Name of Trustee(s): _____

Address (*Street, City, State, Zip Code*): _____

And successor(s) in trust, as Trustee(s) under ("Title of Agreement"): _____

Dated _____ executed by me and said Trustee(s).

In the case of the failure of said Trustee(s) to be appointed as such or to qualify as such for any reason, or the termination for any reason of the trust prior to my death the Proceeds shall be paid to:

Full Name (<i>Last, First, Middle Initial</i>)	Address (<i>Street, City, State, Zip Code</i>)	Relationship	Share %
TOTAL:			

Securian shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of Securian under the Group Policy.

Trust(ee) (Under Will) Designation (applies only if a trust has been set forth in your Will)

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

In the case of failure of said Trustee to be appointed as such or to qualify as such by reason of non-probate of any Will to that effect or for any other reason whatsoever, the Proceeds shall be paid to:

Full Name (<i>Last, First, Middle Initial</i>)	Address (<i>Street, City, State, Zip Code</i>)	Relationship	Share %
TOTAL:			

Securian shall not be responsible for the application or disposition of the proceeds by said Trustee and the receipt by said Trustee shall be full discharge of the liability under the Group Policy.

I reserve the right to change this designation at any time.

This designation becomes effective upon receipt by the Benefits Personnel in the DOA/Human Resources Branch or OIG Human Resources Branch.

Name of Insured	Address of Insured (<i>Street, City, State, Zip Code</i>)
Signature of Insured	Date Signed

For Human Resources Representative Use

Records Noted By (<i>Name of Human Resources Representative</i>)	Signature of Human Resources Representative	Date Signed
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INSTRUCTIONS FOR FORM FDIC 2800/36, SECURIAN FINANCIAL DESIGNATION OF BENEFICIARY AND CONTINGENT BENEFICIARY(IES)

This Designation of Beneficiary and Contingent Beneficiary(ies) form is to be used solely for the disposition of proceeds of FDIC Basic Life Insurance and FDIC Executive Basic Life Insurance and FDIC Option 1, Employee Life Insurance. This form does **not apply** to any Federal Employees Group Life Insurance coverage or to FDIC Option 2, Spouse/Domestic Partner Life Insurance, or Option 3, Family Life Insurance.

If there is no valid Designation of Beneficiary and Contingent Beneficiary(ies) form, the amount of basic life insurance in force at the date of your death shall be paid to the person or persons surviving at the date of death under the following "Standard Order of Precedence":

- a. Your lawful spouse, civil union partner, or domestic partner, if living; otherwise
- b. Your natural or legally adopted child (children) in equal shares, if living; otherwise
- c. Your parents in equal shares, if living; otherwise
- d. Your siblings in equal shares, if living; otherwise
- e. Your estate

Note: If you currently have FDIC Life Insurance coverage, and such coverage began before January 1, 2022, your designation of beneficiary automatically reverted to "Standard Order of Precedence" on January 1, 2022, unless you submitted a new form.

If there is no valid Designation of Beneficiary and Contingent Beneficiary(ies) form, the amount of life insurance in force at the date of your death shall be paid to the person or persons surviving at the date of death under the following "Standard Order of Precedence":

Trust(ee) Designation. If you plan to have the insurance proceeds distributed through a Trust, you should complete this section with the appropriate information. Your Trust(ee) will be held fully responsible for the application for and disposition of the insurance proceeds. This section should only be used if you have a legally drawn inter vivos trust agreement or an appropriate Trust(ee) is designated under your Last Will and Testament. An inter vivos trust is a trust established during the life of the trustor (the person who creates the trust) for the benefit of the trustor or other living persons. If you complete this section, do NOT complete the Primary or Contingent Beneficiary sections.

Unless you direct otherwise in the Primary Beneficiary Designation and/or Contingent Beneficiary Designation blocks, the person(s) named will be considered as beneficiary(ies) and/or contingent beneficiary(ies) for your FDIC Basic Life/Executive Basic Life and Option 1, Employee Life Insurance. To designate different beneficiaries and/or contingent beneficiaries for FDIC Basic/Executive Basic Life and Option 1, Employee Life Insurance, you need to indicate under "Share %" the type of insurance intended for the designated person. For example:

Smith, John	Basic 100%
Smith, Jane	Option 1 100%

Once you have completed this form, return it to your designated DOA/HRB or OIG/HRB benefits representative.

This form will be filed in your Official Personnel Folder and will replace any previous such forms currently on file for FDIC Life Insurance.

The following explains the legal basis for collecting this information, how it may be used, to whom it may be released, and the possible consequences of not providing all of the information requested.