

## Conversion to Secure Protector Whole Life

### How you can keep your life insurance going...

#### **even if your group coverage ends.**

If any portion of your Minnesota Life group life insurance coverage terminates (because your employment or membership in a class eligible for insurance terminates or the master group contract terminates or is amended), you may be able to continue your life insurance protection. Your right to do this is called a conversion privilege, and its features are described here for you.

In order to exercise your conversion privilege, you must—within 31 days after your group insurance ends—submit the conversion enrollment form attached and the first premium payment. Your conversion rights are subject to the master contract under which you are insured.

#### **How can I continue my life insurance protection when my group coverage terminates?**

You can continue your protection by taking out an individual life insurance policy. You do not have to prove that you are insurable, but you must submit your enrollment form and first premium payment within 31 days after your group coverage ends.

#### **What about my family's insurance?**

If your group coverage includes life insurance on your dependents, you may be able to continue their protection under individual policies. Check your certificate to make sure they qualify.

#### **What about temporary layoffs?**

It's not usually necessary to enroll for conversion if you are laid off temporarily. You can usually make arrangements with your employer to keep your group insurance in force.

#### **What if the master group contract terminates or is amended?**

Depending upon applicable state law and the terms of the master group contract, you may be eligible to convert all or a portion of your group life insurance.

#### **How much insurance can I get?**

If your coverage terminates for any reason other than cancellation or amendment of the master contract, you can convert all or any portion of your group insurance. If your master group contract terminates or is amended and you are eligible to convert, the amount you are eligible to convert will depend on applicable state law and the terms of the master group contract. Call our toll-free number for details.

#### **What if I die before I have a chance to convert my insurance?**

If you die during the 31-day conversion period, your beneficiary will receive the full amount of your group insurance that was available for conversion—whether or not you enrolled to continue your coverage. Any premium paid for a new policy will be refunded.

#### **What kind of policy will be issued?**

You will be issued a whole life insurance policy known as Secure Protector Whole Life.

##### **Secure Protector Whole Life features:**

- Premiums are payable until death.
- Face amount of insurance payable at death.
- Living benefit builds cash value.
- Premium amount remains the same (based on your age at time of conversion).

##### **Dividends:**

Each year Minnesota Life determines whether to allocate and distribute a portion of our surplus to various classes of policies and, as applicable, the extent to which your policy will share in this distribution. Your policy's share is referred to as a dividend and will be credited on your policy anniversary under one of the dividend options shown below. The distribution of a dividend is not guaranteed.

Select one of the following dividend options for any such distributions:

- Cash – Paid in cash to the policyowner.
- Paid-Up Additions – Used to purchase paid-up additional insurance coverage. *This is the default dividend option at issue if no selection is made.*
- Accumulation – Dividend left with Minnesota Life to accumulate at interest.

**Dividend options cont'd:**

- Reduced Premiums – Used to pay all or part of the annual premium with any balance paid in cash. Policyowner is billed for balance of premium if dividend is insufficient to pay annual premium. Annual premium frequency is required.
- Reduce Premiums with Balance to Paid-Up Additions – Used to pay all or part of annual premium with balance used to purchase paid-up additional insurance. Policyowner is billed for balance of premium if dividend is insufficient to pay annual premium. Annual premium frequency is required.
- Loan Repayment – Used to repay a policy loan with any balance paid in cash.
- Loan Repayment with Balance to Paid Up Additions – Used to repay a policy loan with balance used to purchase paid-up additional insurance.

**Automatic premium loan**

Should you fail to make a premium payment before the end of the grace period we will: (1) Use any dividend accumulations you left with us to pay the premium and (2) If necessary we will make a policy loan to pay the balance of the premium. Please indicate on the enrollment form if you want the premium loan to be operative.

**How much will it cost?**

Your premiums will be at Minnesota Life's regular rates in use at the time your new policy is issued, depending on your age at the time you convert. Use the rates shown in this brochure to determine your initial premium. Rates are subject to change.

**How do I determine my new premium?**

1. Determine your issue age. The effective date of your new policy will usually be 31 days from the date your group coverage terminates. Your issue age is your current age if, on the effective date of your new policy, more than six months remain until your next birthday. Otherwise, it is the age you will be on your next birthday.
2. Find the annual premium rate per \$1,000 for your issue age in the rate table.
3. Multiply the rate by the amount of insurance you are requesting.
4. Add the annual policy charge of \$3.00 per \$1,000 of coverage, not to exceed \$75.00.

**Can I pay more often than once a year?**

You may make premium payments quarterly or semiannually if each payment is at least \$10. To determine a semiannual premium, multiply your annual premium by 0.52. To determine a quarterly premium, multiply the annual premium by 0.27. You must initially pay a quarterly premium payment to establish your individual life contract. After that, you may choose to pay your premiums monthly using an automatic EFT option AFTER your individual life policy has been established. See the examples provided.

**Here are examples to help you determine your new premium. Please complete the column below.**

| Line                                                                                 |                                                                                                                                                                                       | Example 1             | Example 2             | You |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----|
| 1.                                                                                   | Birth date                                                                                                                                                                            | <i>Sept. 6, 1958</i>  | <i>Sept. 6, 1958</i>  |     |
| 2.                                                                                   | Last day of coverage                                                                                                                                                                  | <i>April 30, 2013</i> | <i>April 30, 2013</i> |     |
| 3.                                                                                   | Effective date of new policy (the first of the month following 31 days after line 2)                                                                                                  | <i>June 1, 2013</i>   | <i>June 1, 2013</i>   |     |
| 4.                                                                                   | Actual age on effective date of new policy                                                                                                                                            | <i>54</i>             | <i>54</i>             |     |
| 5.                                                                                   | Are there more than six months from the effective date (line 3) of your new policy until your next birthday? (Yes or No)                                                              | <i>No</i>             | <i>No</i>             |     |
| 6.                                                                                   | Issue age on effective date of new policy. If 'Yes' on line 5, your issue age equals your actual age on line 4; if 'No,' your issue age is the age you will be on your next birthday. | <i>55</i>             | <i>55</i>             |     |
| 7.                                                                                   | Amount of new insurance                                                                                                                                                               | <i>\$22,167</i>       | <i>\$75,000</i>       |     |
| 8.                                                                                   | Premium rate per \$1,000 for age on line 6                                                                                                                                            | <i>\$33.913811</i>    | <i>\$33.913811</i>    |     |
| 9.                                                                                   | Amount times rate divided by 1,000 = (line 7 times line 8 divided by 1,000)                                                                                                           | <i>\$751.77</i>       | <i>\$2,543.54</i>     |     |
| 10.                                                                                  | Annual policy charge = \$3.00 per \$1,000 coverage, to a maximum of \$75.00                                                                                                           | <i>\$66.50</i>        | <i>\$75.00</i>        |     |
| 11.                                                                                  | Annual premium = (line 9 plus line 10)                                                                                                                                                | <i>\$818.27</i>       | <i>\$2,618.54</i>     |     |
| <b>How to determine premium payment amount for semiannual or quarterly payments:</b> |                                                                                                                                                                                       |                       |                       |     |
|                                                                                      | Semiannual premium = Annual premium (line 11) x 0.52                                                                                                                                  | <i>\$425.50</i>       | <i>\$1,361.64</i>     |     |
|                                                                                      | Quarterly premium = Annual premium (line 11) x 0.27                                                                                                                                   | <i>\$220.93</i>       | <i>\$707.01</i>       |     |

### How do I convert?

Complete the enrollment form attached. Use your beneficiary's full name (no initials) and show the relationship of each beneficiary to you (for example, wife). Sign and date the enrollment form using your full name (no initials) and mail it to Minnesota Life along with your first premium payment.

If you want to convert your dependents' insurance, complete a separate enrollment form for each individual. Sign the enrollment form as "Employee," and have your dependent (if legally old enough to sign) sign as "Person Converting."

### Annual premium rate per \$1,000\*

| Age | Premium Rate | Age | Premium Rate | Age | Premium Rate | Age | Premium Rate |
|-----|--------------|-----|--------------|-----|--------------|-----|--------------|
| 0   | \$3.405214   | 28  | \$10.380366  | 56  | \$36.118649  | 84  | \$207.325837 |
| 1   | \$3.487338   | 29  | \$10.807101  | 57  | \$38.477053  | 85  | \$219.984356 |
| 2   | \$3.590822   | 30  | \$11.258580  | 58  | \$41.000748  | 86  | \$233.150628 |
| 3   | \$3.707466   | 31  | \$11.737624  | 59  | \$43.731366  | 87  | \$246.849016 |
| 4   | \$3.834492   | 32  | \$12.245215  | 60  | \$46.675282  | 88  | \$260.653737 |
| 5   | \$3.969973   | 33  | \$12.783494  | 61  | \$49.638134  | 89  | \$274.384295 |
| 6   | \$4.111884   | 34  | \$13.353201  | 62  | \$52.811194  | 90  | \$287.840850 |
| 7   | \$4.260060   | 35  | \$13.955154  | 63  | \$56.194285  | 91  | \$301.099741 |
| 8   | \$4.414807   | 36  | \$14.501190  | 64  | \$59.795413  | 92  | \$315.681050 |
| 9   | \$4.576456   | 37  | \$15.076348  | 65  | \$63.638884  | 93  | \$331.529904 |
| 10  | \$4.745363   | 38  | \$15.683005  | 66  | \$67.529924  | 94  | \$348.520788 |
| 11  | \$4.871414   | 39  | \$16.320469  | 67  | \$71.789489  | 95  | \$366.490037 |
| 12  | \$5.001302   | 40  | \$16.992538  | 68  | \$76.306547  | 96  | \$383.439525 |
| 13  | \$5.134276   | 41  | \$17.700573  | 69  | \$81.292046  | 97  | \$399.578868 |
| 14  | \$5.271017   | 42  | \$18.445530  | 70  | \$86.629652  | 98  | \$413.676558 |
| 15  | \$5.410310   | 43  | \$19.227957  | 71  | \$92.431114  | 99  | \$430.876861 |
| 16  | \$7.236744   | 44  | \$20.049090  | 72  | \$98.862675  | 100 | \$450.316465 |
| 17  | \$7.437974   | 45  | \$20.907995  | 73  | \$105.659971 | 101 | \$470.543432 |
| 18  | \$7.641633   | 46  | \$21.894751  | 74  | \$113.149431 | 102 | \$493.125679 |
| 19  | \$7.849515   | 47  | \$22.935237  | 75  | \$121.159768 | 103 | \$518.313623 |
| 20  | \$8.063960   | 48  | \$24.032376  | 76  | \$128.412362 | 104 | \$546.763426 |
| 21  | \$8.286409   | 49  | \$25.201517  | 77  | \$136.236811 | 105 | \$579.562620 |
| 22  | \$8.517876   | 50  | \$26.449097  | 78  | \$144.649950 | 106 | \$614.031195 |
| 23  | \$8.758427   | 51  | \$27.775247  | 79  | \$153.646608 | 107 | \$650.029113 |
| 24  | \$9.009635   | 52  | \$29.185444  | 80  | \$163.214278 | 108 | \$687.349881 |
| 25  | \$9.222898   | 53  | \$30.676362  | 81  | \$173.402144 | 109 | \$726.252697 |
| 26  | \$9.590986   | 54  | \$32.253171  | 82  | \$184.088620 | 110 | \$766.079012 |
| 27  | \$9.976747   | 55  | \$33.913811  | 83  | \$195.361695 |     |              |

\*Rates are subject to change if it's determined they must change for all insureds.

Annual policy charge is \$3.00 per \$1,000 of coverage to a maximum of \$75.00 per year.



For more information about your conversion privilege, call Minnesota Life's toll-free number, 1-866-293-6047.

# Conversion of Group Life Insurance Enrollment

MINNESOTA LIFE

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

|                                                                                                                                                                                                                                                                                              |               |                                                                                                                              |                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Name of person converting (please print first name, initial, last name)                                                                                                                                                                                                                      |               | Relationship to employee<br><input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child |                                                                         |
| Social Security number                                                                                                                                                                                                                                                                       | Date of birth | Telephone number                                                                                                             | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street address                                                                                                                                                                                                                                                                               | City          | State                                                                                                                        | Zip code                                                                |
| Name of employee (if other than person converting)                                                                                                                                                                                                                                           |               | Date of birth                                                                                                                | Telephone number                                                        |
| Reason for termination of group insurance<br><input type="checkbox"/> Termination of employment on _____ (date)<br><input type="checkbox"/> Retirement on _____ (date)<br><input type="checkbox"/> No longer eligible as a dependent on _____ (date)<br><input type="checkbox"/> Other _____ |               | Name of previous employer                                                                                                    |                                                                         |
|                                                                                                                                                                                                                                                                                              |               | Group policy number                                                                                                          |                                                                         |
|                                                                                                                                                                                                                                                                                              |               | Amount of group insurance terminating                                                                                        |                                                                         |

## New (Converted) Insurance

|                                                                                               |                                  |                                                                                                    |                                                                                                                                |
|-----------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Amount of insurance being converted<br>\$                                                     | Amount of premium attached<br>\$ | Type of insurance policy<br><input checked="" type="checkbox"/> <b>Secure Protector Whole Life</b> | Premiums payable<br><input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly |
| Dividend options (see page 1 for choices; defaults to paid-up additions if no selection made) |                                  |                                                                                                    |                                                                                                                                |

Automatic premium loan (defaults to having this provision if no selection is made)  
Do you want the Automatic Premium Loan to be operative? ☐ Yes ☐ No

Beneficiary  
Subject to the policy beneficiary provisions. Right is reserved to revoke and change any beneficiary not designated irrevocable.

### PRIMARY BENEFICIARY(IES) - The person or persons named will receive the proceeds

|                                                              |                                   |                           |
|--------------------------------------------------------------|-----------------------------------|---------------------------|
| Beneficiary first name, middle initial, lastname and address | Relationship to person converting | Share % (must total 100%) |
|--------------------------------------------------------------|-----------------------------------|---------------------------|

### CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)

|                                                                          |                                   |                           |
|--------------------------------------------------------------------------|-----------------------------------|---------------------------|
| Contingent beneficiary first name, middle initial, last name and address | Relationship to person converting | Share % (must total 100%) |
|--------------------------------------------------------------------------|-----------------------------------|---------------------------|

**AGREEMENT:** Information in this enrollment form is given to obtain this insurance and is true and complete to the best of my knowledge and belief. The policy issued hereupon shall not take effect unless the first premium shall be actually paid to the Company during my lifetime upon or before delivery of the policy.

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.**

|                                                                     |      |
|---------------------------------------------------------------------|------|
| Signature of employee (if other than person converting)<br><b>X</b> | Date |
| Signature of owner (if other than person converting)<br><b>X</b>    | Date |
| Signature of person converting (if over 18)<br><b>X</b>             | Date |

### TO BE COMPLETED BY EMPLOYER (Optional):

|                                                                            |                                                            |
|----------------------------------------------------------------------------|------------------------------------------------------------|
| Date on which this individual first became insured under this group policy | Date to which group premiums were paid for this individual |
|----------------------------------------------------------------------------|------------------------------------------------------------|

**I certify that the information given by this employee concerning employment and group insurance with us is correct according to our records.**

|                       |                  |      |
|-----------------------|------------------|------|
| Group policyholder    | Plan or division |      |
| Signature<br><b>X</b> | Title            | Date |

Send the completed enrollment form(s) and the first premium payment(s) to:  
Group Conversions, Minnesota Life, 400 Robert Street North, St. Paul, Minnesota 55101-2098