

INSURED	SOCIAL SECURITY NUMBER	
EMPLOYER Farm Credit Consolidated Plans	POLICY 50060-009	CONTRACT

1. CHANGE IN PERSONAL DATA	NEW NAME	
	NEW STREET ADDRESS	NEW CITY, STATE, ZIP

2. MARITAL STATUS CHANGE	<input type="checkbox"/> Discontinue payroll deduction for Spouse Coverage (Minnesota Life will bill former spouse directly.) <input type="checkbox"/> Add Spouse Coverage <input type="checkbox"/> Add Child Coverage _____ Name Date of Birth	
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3. CHANGE IN EMPLOYMENT STATUS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">TERMINATION DATE</td> <td style="width:25%;">RETIREMENT DATE</td> </tr> </table>	TERMINATION DATE	RETIREMENT DATE	DO YOU WANT TO CONTINUE YOUR PRESENT COVERAGE? <input type="checkbox"/> Yes: Minnesota Life will bill you directly. <input type="checkbox"/> No: Complete Section 4.
TERMINATION DATE	RETIREMENT DATE			

4. TERMINATION/ SURRENDER	<input type="checkbox"/> I wish to terminate my insurance effective on (date) _____. I understand that I may receive a check from Minnesota Life if my insurance has accumulated any net cash value.
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5. CASH ACCUMULATION ACCOUNT	<input type="checkbox"/> Begin payroll deduction or billing additional premiums for my cash accumulation account (minimum \$10.00 per month) Amount \$ _____ <input type="checkbox"/> The attached check is a lump sum premium contribution to my cash accumulation account (minimum \$100.00) \$ _____	<input type="checkbox"/> Discontinue additional premium contributions to my cash accumulation account. CHECK ONE <input type="checkbox"/> Let remaining balance continue to earn interest. <input type="checkbox"/> Remit balance to me minus surrender charges, if applicable.
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6. LOANS AND WITHDRAWALS	POLICY MINIMUMS AND CHARGES APPLY <input type="checkbox"/> WITHDRAWAL - complete withholding election (\$10.00 charge for each withdrawal) AMOUNT \$ _____ <input type="checkbox"/> LOAN - Minnesota Life does not send out loan repayment notices. \$ _____ <input type="checkbox"/> LOAN REPAYMENT - Please include check payable to Minnesota Life. \$ _____	I have read the notice of withholding on the back and: <input type="checkbox"/> I do not want federal income tax withheld from my withdrawal. <input type="checkbox"/> I want federal income tax withheld from my withdrawal.
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7. TRANSFER OF OWNERSHIP	A transfer of ownership form will be sent to you for your signature. The following information is needed in order for us to properly prepare the transfer of ownership form.	
	NAME AND ADDRESS OF NEW OWNER	RELATIONSHIP TO INSURED

See reverse for instructions.
 Minnesota Life may also send you additional forms to be completed before your change request can be processed. Minnesota Life shall incur no obligation because of any of the above request(s) unless we have approved the requested change(s) in our home office.

INSURED'S SIGNATURE X	DAYTIME TELEPHONE NUMBER ()	DATE
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Active Participants send to:
 AgriBank Benefits Department
 375 Jackson Street
 St. Paul, MN 55101

Terminated/Retired Participants send to:
 Minnesota Life
 Group Universal Life – B2-4256
 400 Robert Street North
 St. Paul, MN 55101-2098



Questions? Please call
1-800-843-8358
 Locally (651) 665-3332
 Fax (651) 665-4827

INSTRUCTIONS FOR COMPLETING THE UNIVERSAL LIFE SERVICE REQUEST

Please complete the top portion.

1. Complete this section if you have had a name change or an address change.
2. Complete this section if your marital status has changed.
3. If you retire or terminate employment and wish to continue your present coverage, check yes. You will automatically be billed directly by Minnesota Life.
4. If you do not want to continue your insurance, complete this section. Any accumulated cash value less any charges will be returned to you.
5. To begin or discontinue accumulating cash value, complete this section.
6. Complete this section if you wish to take out a loan, or make a partial or total withdrawal. Please check your certificate of insurance to determine how long you must be in the plan before you can apply, the minimum amount that can be withdrawn or loaned and your withdrawal charge. Use this section if you are making a loan repayment or a lump-sum deposit. The minimum for a lump-sum deposit is \$100.00. Minnesota Life does not send out loan repayment notices.
Notice of withholding: If no election is made, 10% tax will be withheld for federal income tax from the portion of the withdrawal that is subject to federal income tax.
7. Use this section if you wish to transfer ownership. We will prepare the transfer form and send it to the insured for signature.

SAMPLE DESIGNATIONS

If there is only one designation, you need not state Class 1. For example: Jane Doe, wife.

Class 1, Jane Doe, wife.

Class 2, The then living child or children born of the Insured's marriage with the said Jane Doe.

Class 1, Jane Doe, wife.

Class 2, John Doe, son and Judy Doe, daughter.

Class 3, The executors or administrators of the estate of the Insured.

Class 1, James Doe, husband.

Class 2, Insured's then living child or children.

Class 3, Mary Smith, mother and Joseph Smith, father.

If naming a Trust, the following information is needed:

_____, _____, Trustee, its Successors
(Full name and address)

or Successor in Trust, under a trust agreement executed by the Insured _____ .
(Date of Trust)