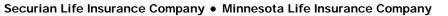
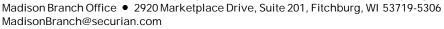
## Notice of Death







| Name (last, fir                              | st, middle, maide    | en)                                       |  |                      |   |                           |       |          |
|--|----------------------|---|--|----------------------|---|---------------------------|-------|----------|
| Address (stree                               | et, city, state, zip | )   |  |                      |   |                           |       |          |
| Social Security number                       |                      |   | Date of birth (mo/day/yr)                |                      |   | Date of death (mo/day/yr) |       |          |
| Employernam                                  | ne                   |   |  |                      |   |                           |       |          |
| Date of hire (mo/day/yr) Last day worked (mo |                      |   | /day/yr) Last day on payroll (mo/day/yr) |                      | Premiums collected by employer for coverage through (mo/yr) |                           |       |          |
| Termination o                                | factive employn      | nent occurred because o                   | f  |                      |   | I                         |       |          |
|  |                      |   |  |                      |   |                           |       |          |
|  |                      |   |  |                      |   |                           |       |          |
| Is there evider                              |                      | ay have been accidental<br>please explain | ?  |                      |   |                           |       |          |
|  |                      |   |  |                      |   |                           |       |          |
| Coverage in fo                               | orce<br>Supplementa  | al Additional: 🗌 1                        | x □2x [                                  | ] 3X                 |   |                           |       |          |
| Highest year earnings<br>Year Amount \$      |                      |   |  | Current year<br>Year | earnings  | Amount \$                 |       |          |
| Possible Ber                                 | neficiaries or C     | Contact Named Below                       | ,  |                      |   |                           |       |          |
| NAME   |                      |   |  |                      | ADDRESS   |                           |       |          |
| Last   | First                | Middle                                    | Relationsh                               | ip Street            | Ci  | ty                        | State | Zip Code |
|  |                      |   |  |                      |   |                           |       |          |
|  |                      |   |  |                      |   |                           |       |          |
|  |                      |   |  |                      |   |                           |       |          |
|  |                      |   |  |                      |   |                           |       |          |
|  |                      |   |  |                      |   |                           |       |          |
|  |                      |   | 1  |                      |   |                           |       |          |
| Signature of e<br><b>X</b>                   | mployer's author     | ized representative                       |  |                      | Date (mo/day/   | ′yr)                      |       |          |
|  |                      |   |  |                      |   |                           |       |          |

For your protection, state laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.

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