

Authorization to Release Information to an Individual



Securian Financial Group, Inc.
 Minnesota Life Insurance Company
 400 Robert Street North, St. Paul, MN 55101-2098

This form is used for the owner of the below life insurance policy or annuity contract to designate one person who is authorized to obtain any information regarding the life insurance policy or annuity contract listed below. All policy or contract numbers must be listed individually for the authorized individual to obtain information if the owner has multiple policies or contracts.

Life Insurance Policies		Annuity Contracts	
Life insurance policy number		Annuity contract number	
Owner's name		Owner's name	
Insured		Social Security number	Daytime telephone number
Mailing and contact information:	Minnesota Life Insurance Company 400 Robert St North St. Paul, MN 55101-2098 Phone: 1-800-643-5728 Fax: 651-665-6955 Email: idlpa@securian.com	Mailing and contact information:	Minnesota Life Insurance Company Annuity Services PO Box 64628 St. Paul, MN 55164-0628 Phone: 1-800-362-3141 Fax: 651-665-7942 Email: idocannuity@securian.com

Disclosures

By completing and signing this form, you are authorizing Minnesota Life to release information regarding your above-referenced life insurance policy or annuity contract to the individual designated below.

You acknowledge the following:

- This does not authorize the individual designated below to make any changes to your life insurance policy or annuity contract.
- This authorization is to remain in full effect until Minnesota Life has received and has had reasonable time to act on the authorized owner's request to cancel in writing at 400 Robert Street North, Saint Paul MN 55101 or by telephone from 8:00 a.m. CST to 5:00 p.m. CST.
- We reserve the right to require appropriate authentication of authorized individual prior to releasing any policy or contract information.
- This form provides for verbal and written release of information.
- There is a limit of three individuals (may not be an entity or trust) who can be authorized to receive information per policy or contract. **Each individual must complete their own authorization form.**

Minnesota Life may release information regarding the above-referenced life insurance policy or annuity contract to:

Individual's name _____

Telephone number	Date of birth	Last four digits of the SSN
Street address		
City	State	Zip code

I/we release Minnesota Life, its current and future agents, servants, employees, affiliates, representatives, successors, and assigns from any and all claims, liability, lawsuits, or damages which may result from furnishing the person I have designated with information regarding this life insurance policy or annuity contract.

Revoke Authorization to Release Information

Complete this section if you have previously authorized Minnesota Life to release information to an individual, but now would like to revoke the authorization.

By checking this box, I revoke the prior authorization and Minnesota Life shall no longer share policy or contract information with the below-referenced individual.

Name _____

Signatures

Owner's signature X	Date
Joint owner's signature X	Date

Insurance products are issued by Minnesota Life Insurance Company.