CareShield App-Fill Instructions

CareShield is a simple product, and we prefer to make simple solutions available for writing business! We’ve made our CareShield App-Fill Process as easy as 1... 2... 3!

1. Complete App Worksheet
2. Get Worksheet To GoldenCare
3. GoldenCare Enters & Collects Signatures

IMPORTANT DETAILS

Please make sure every question is answered on the worksheet. Any unanswered questions will delay the e-app submission process.

Preparing your client for the signature process:

The applicant signature process involves two easy steps. First, they will be receiving an email from Minnesota Life. In the body of the email will be a box asking for an access code along with a prompt to tell Minnesota Life to immediately send the access code.

The code can be sent one of two ways, either via text message or automated phone call. **You will need to know which one your client prefers.** Once the code is typed into the box in the email, the client will be presented the complete application with signature requirements highlighted. Once the very quick & simple electronic signature process is completed, they will click a button to submit everything back to Minnesota Life.

*If GoldenCare is keying your application on your behalf, make sure you provide your client’s preference for receiving the access code below.*

You will be notified via an email from Minnesota Life that your client has signed the application and that it is ready for your signatures. You will go through the same simple process as your client.

Once all signatures are completed, you will need to go back to Minnesota Life’s website (www.securian.com), log in, select your application and submit it for underwriting review.

*Here is what we need to set up the electronic signature process:*

Client email address: _______________________________________________________
Client phone number: _______________________________ □ Text (or) □ Call
Agent email address: _______________________________________________________
Agent phone number: _______________________________ □ Text (or) □ Call

Return the completed App-Fill Worksheet to GoldenCare:
Fax: 866-863-8609 | Email: newbusiness@goldencareusa.com
Mail: 10700 Old County Road 15, Suite 450, Plymouth, MN 55441
CareShield Application Worksheet

Proposed Insured
First Name ___________________________ Middle Initial ___________________________ Last Name ___________________________
Gender 
○ Male  ○ Female
Date of Birth ___________________________ City of Solicitation ___________________________ State of Solicitation ___________________________

Servicing Advisor
Enter Advisor Code ___________________________ Advisor Name ___________________________

Contact Information
Street Address (No P.O. Box) ___________________________
City ___________________________ State ___________________________ Zip Code ___________________________
Email Address ___________________________ Primary Telephone ___________________________ Phone Type (home, cell) ___________________________
Birthplace ___________________________ State of Birth ___________________________
Is the insured a U.S. citizen? (If no, list country and Visa type) ___________________________ Social Security Number ___________________________
○ Yes  ○ No

Drivers License Information
Does proposed insured have a driver license? 
○ Yes  ○ No
Number ___________________________ State ___________________________ Expiration Date ___________________________
Does the proposed insured currently drive? 
○ Yes  ○ No
If yes, give the number of miles driven per week and the number of accidents within the last five years in which the proposed insured was found to be at fault below
If no, explain when/why stopped driving below ___________________________

Employment Information
Is the proposed insured currently employed? (if no, provide unemployment reason) 
○ Yes  ○ No  Reason: ___________________________
Is the proposed insured self-employed? 
○ Yes  ○ No
Occupation ___________________________ Years in Occupation ___________________________
Earned Income (Annual) ___________________________ Unearned Income (Annual) ___________________________ Total Net Worth ___________________________ Liquid Net Worth ___________________________
Is the proposed insured in the Armed Forces, National Guard, or Reserve? If yes, complete and sign/email separate attached form “Individual Life Insurance Military/Aviation Statement”
○ Yes  ○ No
Has the proposed insured smoked cigarettes in the past 12 months?  
○ Yes  ○ No  
Has the proposed insured ever smoked cigarettes?  
○ Yes  ○ No  
Current Smoker or Past Smoker  
○ Current  ○ Past  
Date Last Cigarette Smoked  
Packs Per Day  

Has the proposed insured smoked tobacco or nicotine of any kind, other than cigarettes, in any form, in the last 12 months?  
○ Yes  ○ No  
Has the proposed insured ever used tobacco or nicotine of any kind, other than cigarettes in any form?  
○ Yes  ○ No  
If yes provide:  
1) Current or past  
2) Type  
3) Date last used  
4) How much  

Will the insured be the owner?  
○ Yes  ○ No  
Insured’s signing city  
Insured signing state  

Only complete this section if the owner is different than the insured  
Owner is: Name (First, Last)  

Social Security Number  Date of Birth  

Street Address (No P.O. Box)  

City  State  Zip Code  

Email Address  Phone Number  Phone Type (work,cell)  

Coverage  
Face Amount ($50,000-$500,000)  

Are there any other applications associated with this application?  
○ Yes  ○ No  
If yes, please provide proposed insured(s) full name(s) and whether the policies should have the same issue date.  

Policy Requested Effective Date  ○ Date to Save Age  ○ Specific Date  Date:  

Request for Illustration  
○ An illustration conforming to the policy as issued will be provided to the owner/client at the time of policy delivery.  

Premium  
Total Premium (Annual)  
Source of Funds (must select at least one)

☐ Annuity          ☐ Gift/Inheritance          ☐ Non-Qualified Retirement Plan (Provide additional details below)
☐ Earnings         ☐ Home Equity             ☐ Qualified Retirement Plan (Provide additional details below)
☐ Savings          ☐ Existing Insurance       ☐ Sale Investments
☐ Other (Provide additional details below)

Additional details:

Will you be partially or wholly liquidating any income producing funds, investments, or annuity in order to pay premiums on this life insurance policy?

☐ Yes  ☐ No

If yes, provide details (Example: I will be liquidating an annuity for $100,000 to pay the premium on this policy.)

☐ I have explained to the client that their signature on an application (which will be done electronically later) will confirm their understanding that there may be tax consequences. They should consult their tax advisor.

Other Insurance

Excluding this policy, does the proposed insured have any life insurance or annuities in force or pending? (This includes life insurance sold or assigned, or that is in the process of being sold or assigned.)

If no, proceed to next question

☐ Yes  ☐ No

Please indicate all life insurance or annuities currently in force, pending, or that has been in force within the last twelve months and identify below if any of this coverage will be replaced.

Other Insurance

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Type</th>
<th>Face Amount</th>
<th>Replace(Y/N)</th>
</tr>
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<tbody>
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Excluding this policy, has there been, or will there be, replacement of any existing life insurance or annuities as a result of this application? (Replacement includes a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, proceed to questions in box below

If no, proceed to next section “Beneficiary”

☐ Yes  ☐ No

Are interest earnings a consideration in this replacement?

☐ Yes  ☐ No

Are minimum amounts required to be on the deposit before excess interest will be paid?

☐ Yes  ☐ No

Are the interest rates quoted before fees and mortality charges have been deducted?

☐ Yes  ☐ No

How long are interest rates guaranteed? ________________________________

How much is the minimum interest rate to be paid? __________________________

If applicable, the rate paid to borrow is? ________________________________

If applicable, the limit of the amount that can be borrowed is? __________________

The surrender charges are? ____________________
The death benefit is? ______________________

Are there other short or long term effects from the replacement that might be materially adverse?

- Yes  - No

Did you sell the client the replaced policy?

- Yes  - No

Does the client have an exchange or conversion feature with the insurance product they intend to replace?

- Yes  - No

What is the benefit of this replacement to the client? _____________________________________________________

The replacement was initiated by:  

- Policyowner  - Representative

Can there be reduced benefits or increased premiums in later years?

- Yes  - No

Are there penalties, set up, or surrender charges for the new policy?

- Yes  - No

Will there be penalties or surrender charges under the existing insurance as a result of the proposed transaction?

- Yes  - No

Are there adverse tax consequences from the replacement under current tax laws?

- Yes  - No

**Beneficiary**

<table>
<thead>
<tr>
<th>Name (First, Last)</th>
<th>%</th>
<th>Revocable (Y/N)</th>
<th>Primary(P) Contingent(C)</th>
<th>Relationship</th>
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**Underwriting**

Does the proposed insured plan to travel or reside outside the U.S. in the next two years?

- Yes  - No

If no, proceed to next question

If yes, please complete the following regarding any travel or residence outside of the United States or Canada planned or expected within the next two years.

<table>
<thead>
<tr>
<th>City and Country to be Visited</th>
<th>Dates and Duration of Stay</th>
<th>Purpose of Travel</th>
</tr>
</thead>
<tbody>
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</table>

Will the proposed insured travel outside of major cities?

- Yes  - No

If no, proceed to next question

If yes, please provide details

Will the proposed insured stay at:

- Hotel  - Private Home  - Other: ______________________

Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in piloting a plane? If yes, complete/sign/email the attached “Individual Life Insurance Military/Aviation Statement”

- Yes  - No
Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in skin diving (suba or other), sky diving, mountaion/rock climbing, horse racing, rodeo, bull fighting, bungee jumping, BASE jumpin, canyoneering, combat spots (boxing, mixed materail arts or other), professional wrestling, extreme skiing/snowboarding, or motor sports? If yes, complete/sign/email the attached “Individual Life Insurance Sports and Avocation Statement”

<table>
<thead>
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<th></th>
<th>Yes</th>
<th>No</th>
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</table>

Has the proposed insured applied for insurance within the last six months?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

If yes, provide details below (number of applications and face amounts, etc.)

Has the proposed insured applied for life insurance in the past five years that was declined or rated?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

If yes, please provide details below

Has the proposed insured, within the past five years, been convicted of a driving while intoxicated violation, had a driver’s license restricted or revoked, or been convicted of a moving violation?

<table>
<thead>
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<th></th>
<th>Yes</th>
<th>No</th>
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If yes, provide dates and details below

Except for traffic violations, has the proposed insured ever been convicted of a misdemeanor or felony?

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<thead>
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<th></th>
<th>Yes</th>
<th>No</th>
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If yes, provide dates and details below

Within the past twelve months, has the proposed insured required or been advised to use:

<table>
<thead>
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<th></th>
<th>Y</th>
<th>N</th>
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</table>

- Assistance or supervision with bathing, eating, dressing, toileting, continence, or transferring bed to chair?
- Any medical device such as a wheelchair, walker, cane, motorized scooter, hospital bed, oxygen or respiratory machine, or dialysis machine?
- Any long-term care treatment such as a nursing home, assisted care living facility, home health care services, adult day care services, physical therapy, or rehabilitative therapy?
- Alzheimer’s disease or dementia?
- Multiple Sclerosis, Parkinson’s disease, Muscular Dystrophy, ALS (Lou Gehrig’s), or Huntington’s Chorea?
- Stroke, Transient Ischemic Attack (TIA), seizure, or tremor?
- Osteoporosis or arthritis?

Within the past twelve month has the proposed insured has a CT Scan, MRI, EEG, or any other diagnostic test for dizziness, fainting, weakness, chronic fatigue, memory loss, forgetfulness, falls or unexplained fractures?

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<thead>
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<th></th>
<th>Yes</th>
<th>No</th>
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</table>

Has the proposed insured ever been treated, examined or advised by a member or the medical professional for any falls in the past three years?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

If yes, how many falls has the proposed insured been treated, examined or advised by a member of the medical profession for in the past year? Provide details and dates
Does the proposed insured participate in any of the following: (If yes, please provide details)

Hobbies, volunteer work, or other outside activities?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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Details:

Does the proposed insured travel?

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<th></th>
<th>Yes</th>
<th>No</th>
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If yes, give details including the average number of times each year, date and destination of the last trip, and travel plans for the next twelve months

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Has the proposed insured ever been declined for long-term care coverage or for a life insurance policy that pay benefits for long-term care due to illness or cognitive impairment? (If yes, please provide details)

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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If yes, please provide details

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**Suitability**

Is this policy in accordance with the proposed owner’s insurance and anticipated financial needs?

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<thead>
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<th></th>
<th>Yes</th>
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Has the representative discussed with the proposed owner: the need for the policy, the ability to continue to pay premiums and whether the policy is suitable for the proposed owner?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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Will the proposed and/or beneficiary, and/or any individual or entity on the proposed owner’s behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise as an inducement to apply for this policy?

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<thead>
<tr>
<th></th>
<th>Yes</th>
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Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity (including a loan against your home or other assets)?

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<th></th>
<th>Yes</th>
<th>No</th>
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Has the proposed owner been involved in any discussion about the possible sale or assignment of this policy or a beneficial interest in a trust, LLC, or other entity created on the owner’s behalf? (If yes, please provide details)

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<thead>
<tr>
<th></th>
<th>Yes</th>
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If yes, provide details and a copy of the applicable entity’s controlling documents

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Has the proposed insured had a life expectancy report or evaluation done by an outside entity or company?

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<thead>
<tr>
<th></th>
<th>Yes</th>
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If yes, please explain why the expectancy report was obtained

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</table>
Has the proposed owner previously sold or assigned, or are in the process of selling or assigning a life insurance policy on the proposed insured to a life settlement, viatical, or secondary market provider?

- Yes  - No

If yes, provide details

<table>
<thead>
<tr>
<th>Premium</th>
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<tbody>
<tr>
<td>Payment Mode (monthly, quarterly, semi-annual, annual)</td>
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</table>

Initial Premium

Will the client submit money to receive coverage under the Life Receipt and Temporary Insurance Agreement?

- Yes  - No

Money cannot be accepted by the representative if:
1. The proposed insured is 76 or older, or
2. the proposed insured has a history of heart of disease, stroke, cancer, or diabetes or
3. the proposed insured has been rated or declined for life insurance in the past, or
4. the total amount of insurance requested in all applications on the proposed insured (or if survivorship coverage is requested, both proposed insureds combined) exceeds $5,000,000.

Do they wish to authorize a one time withdrawal via EFT or is a check being submitted?

- Check  - EFT

What is the EFT or Check Amount?  Money Paid By

Money collected should be at least the initial minimum premium for the policy applied for

☐ My client intends to pay their initial premium by electronic bank draft. I have made him/her aware that an electronic application for insurance will be completed and signed electronically at a later date and that it will include their authorization to draft said premium

Enter Account Information

Account Type
- Checking  - Savings

Financial Institution

Account Owner:

Routing Number:

Account Number:

Would the client like the initial premium drafted from their bank account upon receipt of the Delivery Requirements in the Home Office?

- Yes  - No

Third Party Notification

I have discussed with the client that they have the right to designate at least one person to receive notice of termination of the life policy for non-payment of premium. I understand that this notice will not be given until thirty days after a premium is due and unpaid. If designee selected, complete information below.

- The applicant elects NOT to designate a person to receive this notice  - The applicant elects the following individual to receive this notice

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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<table>
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<tr>
<th>Street Address (No P.O. Box)</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>
Regarding this life insurance application, is any owner or proposed insured an active duty member of the U.S. Armed Forces?  
☐ Yes  ☐ No  

**Please note we do not permit the sale of life insurance products on a military installation.** “Military Installation” means any federally owned, leased, or operated base, reservation, post, camp, building or other facility to which service members are assigned for duty, including barracks, transient housing, and family quarters.

Is the purpose of this insurance to provide Business Insurance (Buy/Sell, Split dollar, Key Person)?  
☐ Yes  ☐ No

If yes, please indicate the type of business insurance  
☐ Buy/Sell  ☐ Split Dollar  ☐ Key Person

What is the value of the business? _______________

What percentage does the proposed insured own or control? _______________

Are there other key individuals applying?  
☐ Yes  ☐ No  

If yes, indicate the name of each person in the additional information section, if no, indicate the reason ________

**Owner Identity Verification**

I personally met with the client for the solicitation of this policy and reviewed the identification documents. To the best of my knowledge the documents accurately reflect the identity of the individual.

☐ Yes  ☐ No

Is the purpose of this insurance to provide an Employee Benefit Plan as defined under ERISA?  
☐ Yes  ☐ No

Are you related to the proposed insured?  
☐ Yes  ☐ No

If yes, is the proposed insured a representative listed here, or a spouse or dependent of the listed representative?  
☐ Yes  ☐ No

I explained to this customer that I represent the carrier whose products I distribute with respect to the sale and service of this product.

☐ Yes  ☐ No

Will there be a rebate of any kind (i.e. rebate of premium) so the client or proposed insured or any individual or entity on their behalf?  
☐ Yes  ☐ No

Did you recommend that the owner use qualified retirement plan or IRA funds to pay all or part of the policy premium?  
☐ Yes  ☐ No

Will financing (payments by a third party, other than persons or entities related to the client or insured) or premium payments be used at any time in the next two years?  
☐ Yes  ☐ No

Did you recommend that the client and/or proposed insured use home equity to pay the premiums for this policy?  
☐ Yes  ☐ No

Have you gathered sufficient information directly from the client and proposed insured to support your recommendation that the policy is suitable for them?  
☐ Yes  ☐ No

Do you certify that you provided the proposed insured with the Your Privacy Is Important To Us Notice?  
☐ Yes  ☐ No

Do you have any additional information to provide?  
☐ Yes  ☐ No

**Additional Information**
**individual Life insurance Military/aviation Statement**

**MINNESOTA LIFE**

**Proposed insured name (please print)**

**MILITARY STATEMENT.** Complete the appropriate section on: (1) M.D.’s and Medical Students under age 35 (2) ROTC, National Guard Reserve and Military Personnel.

### A. CIVILIAN APPLICANTS

1. Are you in the Reserve or National Guard?  
   - [ ] Yes  
   - [ ] No

2. Are you in the ROTC? (If yes, complete Section B.)  
   - [ ] Yes  
   - [ ] No

3. If physician or dentist  
   a. Is your military service completed?  
      - [ ] Yes  
      - [ ] No
   b. Will you be a flight surgeon or a flight medical officer?  
      - [ ] Yes  
      - [ ] No
   c. Are you in the Berry Plan or any other Military Education Plan?  
      - [ ] Yes  
      - [ ] No
   d. Branch of Service?  

4. Do you expect to be called for active duty?  
   - [ ] Yes  
   - [ ] No

5. If yes, give date ________ and Complete Section B.

### B. MILITARY PERSONNEL

1. Branch of Service ____________ Pay Grade ____________

2. All MOS and occupational classifications  
   - [ ] Yes  
   - [ ] No

3. Are you attending or a graduate of a military academy?  
   - [ ] Yes  
   - [ ] No

4. Are you on flight duty now or will you fly as a pilot, crew member or flight surgeon in the future?  
   - [ ] Yes  
   - [ ] No

5. Are you on orders or have you been alerted for overseas duty?  
   - [ ] Yes  
   - [ ] No

### AVIATION STATEMENT.** Complete on all Military or Civilian Pilots and Crew members or other Flight Personnel.

1. Type of License or certificate ____________________________  
   a. Date issued ____________  
   b. Date of last flight physical ____________

2. Type of Aircraft (Make and Model Number) ____________________________

3. Do you rent, lease or own the aircraft? ____________________________

4. Total hours flown as pilot ________ Crew ________

5. Date of last flight as pilot ________ Crew ________

6. Has your license or certificate ever been revoked or suspended?  
   - [ ] Yes  
   - [ ] No  
   (If yes, give details below.)

### TYPE OF FLYING

<table>
<thead>
<tr>
<th>TYPE OF FLYING</th>
<th>Pilot</th>
<th>Crew</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Scheduled Airlines</td>
<td></td>
<td></td>
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<tr>
<td>[ ] Domestic</td>
<td></td>
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<tr>
<td>[ ] International (Explain below)</td>
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<tr>
<td>b. Company owned executive aircraft used for transportation of employees.</td>
<td>Pilot</td>
<td>Crew</td>
</tr>
<tr>
<td>[ ] Pilot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Crew</td>
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<tr>
<td>c. Non-scheduled airlines, charter, photography, surveying, sight-seeing, aerial application, crop dusting, testing, glider. (Explain below and advise of any modifications to the aircraft for this purpose)</td>
<td>Pilot</td>
<td>Crew</td>
</tr>
<tr>
<td>d. Flight Instruction</td>
<td></td>
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<tr>
<td>[ ] Pilot</td>
<td></td>
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<tr>
<td>[ ] Crew</td>
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<tr>
<td>e. Private and pleasure flying</td>
<td>Pilot</td>
<td>Crew</td>
</tr>
<tr>
<td>f. Military Aviation</td>
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<tr>
<td>[ ] Flight Surgean</td>
<td>Pilot</td>
<td>Crew</td>
</tr>
<tr>
<td>g. Helicopter</td>
<td>Pilot</td>
<td>Crew</td>
</tr>
<tr>
<td>h. Any other Flying (Explain below)</td>
<td>Observer</td>
<td>Passenger</td>
</tr>
</tbody>
</table>

2. ALWAYS INCLUDE TOTALS

Remarks

I hereby declare that all statements and answers to the foregoing questions are, to the best of my knowledge and belief, complete and true and I agree that they shall form a part of my application for insurance made to Minnesota Life Insurance Company, of St. Paul, Minnesota, and of any policy issued thereunder.

Witness  
Firm/rep code  
Applicant  
Date

ICC10-4883 5-2010
Individual Life Insurance
Sports and Avocations Statement

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

Proposed insured’s name (please print) proposed insured’s date of birth

SECTION 1 - SKIN DIVING (Please Complete Section III Also)

1. What type of skin diving equipment do you use?
   - Snorkel
   - Scuba
   - Other (Explain)*

2. (a) How deep do you usually dive? ___________________
   (b) Do you ever go deeper? _________________________
   If “yes”, how deep? ______ How Frequently? ______
   (c) Do you use experimental equipment or engage in diving for depth record? ______
   (d) Do you contemplate any such activity in the future? ______

3. Where is diving done?
   - Great Lakes
   - Ocean
   - Inland Waters
   - Other (Give general location. If more than one, state approximate percentage for each).*

4. How many years have you been diving? ________________

5. How long do you usually stay down? ___________________

6. Do you dive alone? ___________________

7. Have you ever had the “bends” or “air embolism” as a result of decompression? ______

8. Have you had any special training? ______

9. (a) Indicate type of diving you do
   - Pleasure
   - Underwater Salvage
   - Securing Coral
   - Other (Explain)*
   (b) If diving only for pleasure now, do you intend to do any other type of diving in the future? ______

   (State where, type and for how long)

10. If Sky Diving:
   (a) Have you ever participated in unusual activities such as baton exchange or use of experimental equipment? ______
   (b) Do you contemplate any such activity in the future? ______
   (c) Do you use a reserve chute? ______
   (d) Minimum height chute opened. ______

SECTION II - OTHER AVOCATIONS: Sky Diving, Mountain/Rock Climbing, Horse Racing, Rodeo, Polo, Bull Fighting, Bungee Jumping, BASE Jumping, Canyoneering, Boxing, Professional Wrestling, and Extreme Skiing. (Please complete Section III also)

1. What is your avocation?
2. Have you had any special training? ______
   (State where, type and for how long)
3. Are you classified as a teacher or instructor in your avocation? ______
4. Are you considered a professional or do you ever receive cash prizes in any of these events? ______

SECTION III - EXPERIENCE

<table>
<thead>
<tr>
<th>SPORT</th>
<th>CURRENT PARTICIPATION</th>
<th>LAST YEAR</th>
<th>1-2 YRS. AGO</th>
<th>NEXT YEAR</th>
<th>FUTURE</th>
<th>DATE LAST PARTICIPATED</th>
<th>NAME OF PROFESSIONAL ORGANIZATION</th>
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*Remarks - Use for details for both Section I and II

<table>
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<th>QUESTION NO.</th>
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Date Signature of representative Firm/rep code Signature of proposed insured X X

ICC10-11393 7-2010 1 of 2
SECTION IV - RACING

1. Indicate:
   A. Status  □ Amateur  □ Professional
   B. Type  □ Modified
   C. Vehicle:
      □ Big Car  □ Sports Car  □ Funny Car  □ Motorcycle  □ Boat
      □ Stock Car  □ Midget  □ Dragster  □ Snowmobile  □ Hydroplane
      Other (explain) ____________________________
   D. Type of Racing:
      □ Speedway  □ Scramble  □ Time Trials  □ Cross Country  □ Demolition Derby
      □ Stock Car  □ Rally  □ Drag  □ Hill Climb  □ Sand
      Other (explain) ____________________________

2. Give experience below. If none, so indicate.

<table>
<thead>
<tr>
<th>TYPE OF RACES</th>
<th>NAMES OF RACES</th>
<th>LAST 12 MONTHS RACES</th>
<th>MILES</th>
<th>1-2 YEARS AGO RACES</th>
<th>MILES</th>
<th>PRIOR TO 2 YRS. AGO RACES</th>
<th>MILES</th>
<th>CONTEMP. NEXT YR. RACES</th>
<th>MILES</th>
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3. Do you own a competition vehicle?  □ Yes  □ No
   Kind - Make & Model ____________________________
   Horse Power _________________________________

4. Do you drive any competition vehicle?  Kind ____________________________
   Make and Model ____________________________
   Horse Power _________________________________

5. How long have you participated in racing? ____________________________

6. Date of your last race ____________________________
   Where? ____________________________

7. What is your top speed? ____________________________

8. Do you participate in other than sanctioned events?  □ Yes  □ No

9. Have you had any accidents?  □ Yes  □ No

10. (a) Have you ever done any stunt driving?  □ Yes  □ No
    (b) Do you intend to do stunt driving in the future?  □ Yes  □ No

11. (a) Have you ever raced professionally or for cash prizes?  □ Yes  □ No
    (b) Do you intend to race professionally or for cash prizes in the future?  □ Yes  □ No
    (If "yes" give details)*

12. Do you race only in your hometown or do you compete in various localities?*

*Remarks - Use for Details

<table>
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<th>QUESTION NO.</th>
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Date ____________________________
Witness ____________________________

_________________________________
Signature of Proposed Insured
Proposed insured name

Policy number (If known)

1. Is the proposed insured a US citizen?  
   □ Yes □ No  
   If no, citizen of ________________________________  
   Indicate Visa type ________________________________

2. Please complete the following regarding any travel or residence outside of the United States or Canada planned or expected within the next two years.

<table>
<thead>
<tr>
<th>Country and City to be Visited</th>
<th>Dates and Duration of Stay</th>
<th>Purpose of Travel (business, pleasure, etc.)</th>
</tr>
</thead>
<tbody>
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</table>

3. Will the proposed insured travel outside of major cities?  
   □ Yes □ No  
   If Yes, please provide details: ________________________________

   ________________________________  
   ________________________________  
   ________________________________

4. Will the proposed insured stay at a  
   □ Hotel □ Private Home □ Other  
   If Other, please provide details: ________________________________

   ________________________________  
   ________________________________  
   ________________________________

SIGNATURES
I have read the statements and answers recorded on this questionnaire. They are given to obtain insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded.

Proposed insured signature  
X

Representative signature  
X

Date

ICC10-61681 5-2010
Securian’s Online Application Process – what’s next?

Thank you for choosing Securian for your life insurance needs. We want to make the application process as simple as possible. That’s why we offer SAM (Securian Application Management) – an easy, confidential and professional process.

The first steps

Once you and your financial professional have completed the initial online application process, you’re only three steps away from completing your application:

Step 1: eSignature of the application
Step 2: Telephone interview (tele-interview)
Step 3: Physical examination

STEP 1: eSIGNATURE
• Electronically sign your application (you may need to disable the pop-up blocker on your internet browser)¹
• The application will be securely transmitted to your financial professional and our company

STEP 2: TELE-INTERVIEW²
You will be called to schedule the interview. What you can expect:
• A 20-25 minute medical history interview (see page 2; may be longer if additional information is required)
• At the end, you will schedule your physical exam

STEP 3: PHYSICAL EXAM
Keep in mind the exam will require privacy. What you can expect:
• Height and weight measurements
• Blood pressure
• Blood and urine samples
• Other tests³

The best possible offer

After your application is completed, we will use the information to provide the best possible underwriting offer.

We’re committed to providing excellent products, solutions and service throughout the life of your policy. Thank you for choosing our company.

¹ On your web browser, under “tools,” select “pop-up blocker,” and make sure it is turned off. There may be a colored bar near the top of the browser window with a warning message. You can right click on your mouse and select to temporarily allow pop-ups from this site.

² Your information is shared ONLY with your permission.

³ Underwriting guidelines may require additional questions and tests.

Please note: If the owner and insured are different, steps 2 and 3 will be completed by the insured.

Insurance products issued by: Minnesota Life Insurance Company | Securian Life Insurance Company
Step 2: Tele-Interview Preparation

Medical/Financial Questions

Gathering the information below will greatly reduce the time required for your application.

Health information

☐ Names and addresses of all physicians and medical facilities that have provided you medical care in the past 10 years:

<table>
<thead>
<tr>
<th>Physician/Clinic name</th>
<th>Physician/Clinic name</th>
<th>Physician/Clinic name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
<td>Phone</td>
</tr>
</tbody>
</table>

☐ Prescription and non-prescription medications you are currently taking, including dosage, frequency and reason:

☐ A basic summary of your parents’ and siblings’ medical history:

Financial information

Be ready to recall your current and previous year’s earned income. It is important that we review accurate and verifiable information. You should consider information from the following types of sources:

Tax returns
Broker-dealer statements
Tax assessment or appraisal
Certified Public Accountant
Personal attorney
Personal banker

FOR MORE information about the application process, contact your financial professional.
# FACTS

**WHAT DOES SECURIAN DO WITH YOUR PERSONAL INFORMATION?**

**Why?**
Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.

**What?**
The types of personal information we collect and share depend on the product or service you have with us. This information can include:
- Social Security number, income, and employment information
- Account balances, transaction history and credit history
- Medical information and risk tolerance
- Assets and investment experience

**How?**
All financial companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reason Securian chooses to share; and whether you can limit this sharing.

<table>
<thead>
<tr>
<th>Reasons we can share your personal information</th>
<th>Does Securian share?</th>
<th>Can you limit this sharing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our marketing purposes - to offer our products and services to you</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For joint marketing with other financial companies</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our affiliates' everyday business purposes - information about your transactions and experiences</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our affiliates' everyday business purposes - information about your creditworthiness</td>
<td>No</td>
<td>We don’t share</td>
</tr>
<tr>
<td>For our affiliates to market to you</td>
<td>No</td>
<td>We don’t share</td>
</tr>
<tr>
<td>For non-affiliates to market to you</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**To limit our sharing**
Mail the form below to limit sharing by Securian Financial Services, Inc. No other Securian affiliates or subsidiaries share in a manner that allows you to limit the sharing. **Please note:** If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.

**Questions?** Call 1-855-750-2019

---

**Mail-in Form**

- I wish to exercise my right to opt-out of sharing by Securian Financial Services, Inc. Do not share my personal information with an unaffiliated firm should my representative leave Securian Financial Services, Inc.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mail To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Securian Financial Group, Inc.</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Attn: Privacy Preferences</td>
</tr>
<tr>
<td>Account/Policy/Contract Number:</td>
<td>400 Robert St N, St. Paul, MN 55101</td>
</tr>
</tbody>
</table>
## Who we are

| Who is providing this notice? | This notice is provided by Securian Financial Group, Inc. and its affiliates. Securian's affiliates are listed below. |

## What we do

| How does Securian protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. |
| How does Securian collect my personal information? | We collect your personal information, for example, when you • Open an account or apply for insurance • Enter into an investment advisory contract or seek advice about your investments • Tell us about your investment or retirement portfolio We also collect your personal information from others, such as credit bureaus, affiliates or other companies. |

| Why can't I limit all sharing? | Federal law gives you the right to limit only • Sharing for affiliates' everyday business purposes - information about your creditworthiness • Affiliates from using your information to market to you • Sharing for non-affiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law. |

| What happens when I limit sharing for an account I hold jointly with someone else? | Your choices will apply to everyone on your account. |

## Definitions

| Affiliates | Companies related by common ownership or control. They can be financial and non-financial companies. • Our affiliates include companies with a Securian name; insurance companies such as Minnesota Life and financial companies such as CRI Securities, LLC. |
| Non-affiliates | Companies not related by common ownership or control. They can be financial and non-financial companies. The only non-affiliates Securian shares with are your representative and another financial services firm, which your representative may join upon leaving Securian. |
| Joint marketing | A formal agreement between non-affiliated financial companies that together market financial products or services to you. |

If you live in California, North Dakota or Vermont, we are required to obtain your affirmative consent for a non-affiliate to market to you. This privacy notice applies to Securian Financial Group, Inc., Securian Life Insurance Company, Securian Financial Services, Inc., Securian Trust Company, N.A., Securian Casualty Company, Securian Financial Network, Minnesota Life Insurance Company, American Modern Life Insurance Company, Southern Pioneer Life Insurance Company, and CRI Securities, LLC.
Information we collect
To provide you with products or services, or pay your claims, we collect information that is not publicly available. This may include information such as your name, address, assets, income, net worth, beneficiary designations and other information from your application. We also collect information about your transactions with us, our family of companies or with others, such as insurance policy information, premiums, payment history, and investment purchases. We may also collect information such as claims history or credit scores from consumer reporting agencies.

How we share information
We may share the information we collect as described in this notice with others. Disclosures are only made if authorized by you or as permitted or required by law. For example, we may disclose information to companies that perform services for us, such as preparing or mailing account statements, processing customer transactions or programming software; to companies to assist us in marketing our own products or services; or to affiliates for the purpose of servicing or administering your account. We may also disclose contact information to financial institutions (such as insurance companies, securities brokers or dealers and banks) with whom we have joint marketing agreements. Additionally, your financial representative and other Securian employees who assist your representative have access to the information they need to provide services to you.

We may share the information described here with government agencies or authorized third parties as required by law. For example, we may be required to share such information in response to subpoenas or to comply with certain laws.

Before we disclose customer information to service providers, companies with whom we have joint marketing agreements, or companies assisting us in marketing our own products or services, we require them to agree to keep this information confidential and to use it only as authorized by us. They are not permitted to release, use or transfer any customer information to any other person without our consent.

How we protect your privacy
We follow these policies and practices to protect the personal information we have about you:
1. We do not sell personal information about you to anyone.
2. We do not share medical information with any affiliates or third parties for any reason unless you have given your consent or unless required or permitted by law.
3. We maintain physical, electronic and procedural safeguards designed to protect your personal information. We restrict access to personal information about you to those employees we believe need access to provide products and services to you. Employees who deal with personal information are trained to adhere to confidentiality standards. Any employee who violates these standards is subject to discipline.

Notice to plan sponsors/group policyholders
This privacy notice describes our practices for safeguarding personal information about the individuals who purchase our financial products and services primarily for personal, family or household purposes. If you are a plan sponsor or group policyholder, this privacy notice describes our practices for collecting, disclosing and safeguarding personal information about group plan participants.

Former customers
Information about our former customers is kept for the period of time required by our Records Retention Policies. During this time, the information is not disclosed except as required or permitted by law.

The information is destroyed in a secure manner when we are no longer required to maintain it.
Vermont: Under Vermont law, we will not share information we collect about you with companies outside of our corporate family, unless the law allows. For example, we may share information with your consent, to service your accounts or under joint marketing agreements with other financial institutions. We will not share information about your creditworthiness within our corporate family except with your consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

California: Under California law, we will not share information we collect about you with companies outside of Securian unless the law allows. For example, we may share information with your consent or to service your account(s). We will limit sharing among our affiliates to the extent required by California law.

For Insurance Customers in AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR and VA only. The term “Information” in this part means customer information obtained in an insurance transaction. We may give your Information to state insurance officials, law enforcement, group policy holders about claims experience or auditors as the law allows or requires. We may give your Information to insurance support companies that may keep it or give it to others. We may share medical Information so we can learn if you qualify for coverage, process claims or prevent fraud, or if you say we can. You can request to review your personal data in our files by writing to us at the address shown on your statement. If you believe your personal data is incorrect, you may contact us at the same address.

For MA Insurance Customers only. You may ask, in writing, for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.