

Conversion to Adjustable Life Legend

How you can keep your life insurance going...

even if your group coverage ends.

If any portion of your Minnesota Life group 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. This is called a conversion and your right to do so is called a conversion privilege. 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 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. For more information, call our toll-free number, 1-877-494-1716.

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 an Adjustable Life Legend individual policy with a whole life plan of insurance.

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.



For more information about your conversion privilege, call Minnesota Life's toll-free number, 1-877-494-1716.

How do I determine my new premium?

First, 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.

Second, find the annual premium rate per \$1,000 for your issue age in the rate table.

Third, multiply the rate by the amount of insurance you are requesting. Example: \$20,000 = insurance amount.
20 x premium rate.

Fourth, add the annual policy charge of \$75.00.

Use the example provided to help determine your premium.

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, divide your annual premium by two and add \$1. To determine a quarterly premium, divide the annual premium by four and add \$1. See the example provided.

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). **Make sure your employer completes the bottom section of the enrollment form.** Date and sign the enrollment form using your full name (no initials) and send to Minnesota Life along with your first premium.

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."

Here's an example to help you determine your new premium. Please complete the column below.

Line		Example	You
1.	Birth date	<i>September 6, 1963</i>	
2.	Last day of coverage	<i>April 30, 2008</i>	
3.	Effective date of new policy (the first of the month following 31 days after line 2)	<i>June 1, 2008</i>	
4.	Actual age on effective date of new policy	<i>44</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>	
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>45</i>	
7.	Amount of new insurance	<i>\$20,000</i>	
8.	Premium rate per \$1,000 for age on line 6	<i>\$22.07</i>	
9.	Amount times rate divided by 1,000 = (line 7 times line 8 divided by 1,000)	<i>\$441.40</i>	
10.	Annual policy charge = \$75.00	<i>\$75.00</i>	
11.	Annual premium = (line 9 plus line 10)	<i>\$516.40</i>	

How to determine premium payment amount for semiannual or quarterly payments:

Semiannual premium = Annual premium (line 11) divided by 2 plus \$1	<i>\$259.20</i>	
Quarterly premium = Annual premium (line 11) divided by 4 plus \$1	<i>\$130.10</i>	

Adjustable Life Legend features:

- Premiums are payable until death.
- Face amount of insurance payable at death.
- Dividends are based on company experience and are not guaranteed.
- Living benefit builds cash value.
- Policy has adjustable features which you may review upon issue of policy.

Annual premium rates per \$1,000*

Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium
0	3.38	20	7.54	40	17.47	60	46.39	80	142.50
1	3.51	21	7.83	41	18.30	61	48.85	81	151.43
2	3.64	22	8.14	42	19.18	62	51.44	82	160.85
3	3.79	23	8.47	43	20.09	63	54.14	83	170.85
4	3.95	24	8.81	44	21.06	64	56.99	84	181.42
5	4.11	25	9.16	45	22.07	65	59.99	85	192.42
6	4.28	26	9.53	46	23.13	66	63.18	86	203.87
7	4.46	27	9.92	47	24.25	67	66.59	87	215.41
8	4.65	28	10.33	48	25.45	68	70.25	88	226.88
9	4.84	29	10.76	49	26.72	69	74.22	89	238.12
10	5.05	30	11.22	50	28.06	70	78.48	90	249.20
11	5.26	31	11.70	51	29.49	71	83.09	91	249.20
12	5.49	32	12.21	52	31.00	72	87.98	92	261.39
13	5.72	33	12.75	53	32.59	73	93.21	93	274.63
14	5.96	34	13.32	54	34.27	74	98.85	94	288.83
15	6.20	35	13.93	55	36.02	75	104.91	95	303.84
16	6.46	36	14.56	56	37.86	76	111.45	96	318.00
17	6.71	37	15.23	57	39.80	77	118.48	97	331.49
18	6.98	38	15.94	58	41.86	78	125.99	98	343.27
19	7.25	39	16.69	59	44.06	79	133.99	99	357.64
								100	373.88

* Rates are based upon whole life plan of insurance. You may choose to change the plan of insurance after the policy is issued. Annual policy charge is \$75.00.

Conversion of Group Life Insurance Enrollment

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 Austin Branch Office • PO Box 1209 • Austin, TX 78767-1209 • 1-877-494-1716

Send the completed enrollment form(s) and the first premium payment(s) to:
 Group Conversions, Minnesota Life, Austin Branch Office, PO Box 1209, Austin, TX 78767-1209

Name of person converting (please print first name, initial, last name)			Relationship to employee <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Social Security number	Date of birth	Telephone number	Issue age (age nearest your birthday)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street address		City	State	Zip code
Name of employee (if other than person converting)		Social Security number	Date of birth	Telephone number
Reason for termination of group insurance <input type="checkbox"/> Termination of employment on _____ (date) <input type="checkbox"/> No longer eligible as a dependent on _____ (date) <input type="checkbox"/> Other _____			Name of previous employer Employees Retirement System of Texas	
			Group policy number 34023	
			Amount of group insurance terminating	

NEW (CONVERTED) INSURANCE

Amount of insurance being converted \$	Type of insurance policy <input checked="" type="checkbox"/> Adjustable Life Legend	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. Do you want the Automatic Premium Loan to be operative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual premium \$	Premiums payable <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly	

Home Office endorsements amending answers indicated. Acceptance of policy shall ratify changes entered here by Company.

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

Primary beneficiary full given name, middle name, surname, and address	Relationship to the insured	Share % (must total 100%)
Contingent beneficiary full given name, middle name, surname, and address	Relationship to the insured	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.

Amount of premium attached \$	Signature of employee (if other than person converting) X	Date
	Signature of person converting (if over 18) X	Date

TO BE COMPLETED BY EMPLOYER

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 X	Title
	Date