



Full Name:	Employer Name: <b>Millard Public Schools</b>	Date:
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**Instructions for the employee:** Complete, make a copy for your records and return the original form to your Benefits Administrator.

**Instructions for assigning a Trust as your beneficiary:** To name a trust as a beneficiary, indicate the name and date of the trust and the Trustee (show Name and address). Include a tax identification number if applicable.

**Instructions for the Benefits Administrator:** Retain a copy of this form for your records. Send the original to National Insurance Services.

**C: Enter your Life Insurance Beneficiary information:**

**1. Primary Beneficiary(ies) Attach additional pages if necessary.**

Full Name:	Relationship to you:	Date of Birth:	% of Benefit
Social Security Number:	Gender:	Address/Phone:	
Full Name:	Relationship to you:	Date of Birth:	% of Benefit
Social Security Number:	Gender:	Address/Phone:	
Full Name:	Relationship to you:	Date of Birth:	% of Benefit
Social Security Number:	Gender:	Address/Phone:	
Full Name:	Relationship to you:	Date of Birth:	% of Benefit
Social Security Number:	Gender:	Address/Phone:	

*Total % of Benefit must equal 100%*

**2. Secondary Beneficiary(ies) Attach additional pages if necessary.**

Full Name:	Relationship to you:	Date of Birth:	% of Benefit
Social Security Number:	Gender:	Address/Phone:	
Full Name:	Relationship to you:	Date of Birth:	% of Benefit
Social Security Number:	Gender:	Address/Phone:	
Full Name:	Relationship to you:	Date of Birth:	% of Benefit
Social Security Number:	Gender:	Address/Phone:	

*Total % of Benefit must equal 100%*

