

Full Name:	Employer Name: Millard Public Schools	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%

