

**Danville School District #118  
LIFE BENEFICIARY DESIGNATION**

**Part I - Member Information (print or type)**

Name (Last, First, Middle Initial)		Social Security No.	Date of Birth
Address			
Phone (daytime)	Home Phone	Date of Marriage	
Spouse Name	Social Security No.	Spouse Birth	

Note: The designations below govern the payment of the Death Benefit only.

**PART 2 - Designation of Primary Beneficiary(ies)**

I hereby revoke any and all previous designations of beneficiary and direct that any Death Benefit which shall become payable from the Life Insurance Company be paid to the following named beneficiary(ies) who survive me. **{Note: Attach separate sheet if naming more beneficiaries. Indicate whether they are primary or contingent beneficiaries.}**

Name (First, M.I., Last)	Soc. Sec. No.	Birth Date	Relationship	Address and Phone #

**PART 3 - Designation of Contingent Beneficiary(ies)**

If none of the above-named primary beneficiaries survive me, I hereby direct that the Death Benefit be paid to the following named contingent beneficiary(ies).

Name (First, M.I., Last)	Soc. Sec. No.	Birth Date	Relationship	Address and Phone #

Signature of Member	Date
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Return completed form to the Benefits Office. 217-444-1053