



DESIGNATION/CHANGE OF BENEFICIARY FORM
Local Life Insurance

Employee Name		Social Security #	Date of Birth
Phone #	Street Address	City, State Zip	

Primary Beneficiary(ies): *(if additional beneficiaries are needed, see page #2)*

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:

Contingent Beneficiary(ies): *(if additional beneficiaries are needed, see reverse side)*

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:

Benefits that may be payable at the time of my death are payable in equal shares to the primary beneficiary(ies) listed above. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies). If **all** primary beneficiaries are disqualified or die before me, benefits may be payable in equal shares to the contingent beneficiary(ies) listed above. If no beneficiary survives, payment shall be made in accordance with the terms of the policy. The beneficiary designation with the most recent date, in good form and properly signed, constitutes the only effective designation. The right is reserved to revoke this designation and to designate new beneficiaries at any time by filing a new Designation/Change of Beneficiary Form.

Employee Signature: _____ Date: _____

DESIGNATION/CHANGE OF BENEFICIARY FORM CONT.
Local Life Insurance

Primary Beneficiary(ies): Page 2

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:

Contingent Beneficiary(ies): Page 2

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship: