

**Sample Language for Change  
of Life Insurance Ownership and Beneficiary Designation**

(For use on your life insurance beneficiary form)

I hereby name the Spokane Guilds' School & Neuromuscular Center as the owner and beneficiary of my \_\_\_\_\_ [insurance company] \_\_\_\_\_ Policy # \_\_\_\_\_ with a face value of \$ \_\_\_\_\_. I designate that upon my death the proceeds will be distributed to the Spokane Guilds' School & Neuromuscular Center as a non-restrictive gift.

Additional information for designation form:

Tax Identification Number for the Spokane Guilds' School & Neuromuscular Center: 93-0863163

Mailing Address:

Spokane Guilds' School & Neuromuscular Center  
Development Office, Gift Planning  
2118 West Garland Avenue  
Spokane, WA 99205

Phone: 509-326-1651

*As with any decision involving your assets, we urge you to seek the advice of your professional counsel when considering a gift to Spokane Guilds' School & Neuromuscular Center.*