

Three empty boxes for internal use.

The Family Indemnity Plan DESIGNATION OF BENEFICIARY FORM

Please write in BLOCK letters and WITHIN THE BOXES, AVOIDING CONTACT WITH THE EDGE OF THE BOX

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This designation shall be effective only when delivered to the organisation through which the Primary Insured member holds his/her certificate and the organisation files the Designation of Beneficiary form with CUNA Caribbean Insurance Society Limited. This Designation of Beneficiary must be duly effected by the Primary Insured Member during the lifetime of the designated beneficiary.

Organisation

Large grid box for Organisation name.

Certificate Number

Grid box for Certificate Number.

Membership Number

Grid box for Membership Number.

Name of Member (First/Last Name)

Grid box for Name of Member.

Member Mailing Address (if address has changed since enrollment)

Large grid box for Member Mailing Address.

Member Telephone Contact

Grid box for Member Telephone Contact.

Member Email Address

Grid box for Member Email Address.

Name of Beneficiary

Grid box for Name of Beneficiary.

Mailing Address of Beneficiary

Large grid box for Mailing Address of Beneficiary.

Date of Birth (mm/dd/yyyy)

Grid box for Date of Birth.

Relationship to Member

Grid box for Relationship to Member.

Please note that if the designated beneficiary is a minor (under the age of 16) you are advised to name a trustee.

Name of Trustee

Grid box for Name of Trustee.

Mailing Address of Trustee

Large grid box for Mailing Address of Trustee.

Date of Birth (mm/dd/yyyy)

Grid box for Date of Birth.

Relationship to Member

Grid box for Relationship to Member.

Please note that upon minors attaining the Age of Maturity (16 years), the above named trustee will be considered null and void under this certificate.

I hereby designate the above mentioned as my beneficiary, if living, to receive any and all sums of money, herein called the 'Benefit' paid under and by virtue of the terms and conditions of the Family Indemnity Plan Group Insurance Policy of CUNA Caribbean Insurance Society to the organisation.

This designation takes precedence over any earlier designation wherever and however made. I hereby reserve the right to change the beneficiary herein designated.

If the designated beneficiary precedes me in death, the Benefit will be paid to my estate if the new beneficiary is not nominated. In the case where the trustee precedes the minor in death, the benefit will be paid to the minor's Estate if a new trustee has not been nominated.

Name of Authorized Organisation Officer
(PLEASE PRINT): _____

Signature of Member (DO NOT PRINT)

Date(mm/dd/yyyy)

Grid box for Member Date.

Authorized Organisation Officer Signature: _____

Date(mm/dd/yyyy)

Grid box for Officer Date.

