For Official Use Only

CUNA CARIBBEAN INSURANCE

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 1 2 3 4 .

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

Certificate Number

Membership Number

Name of Member (First/Last Name)

Member Mailing Address (if address has changed since enrollment)

Member Telephone Contact

Member Email Address

Name of Beneficiary

Mailing Address of Beneficiary

Date of Birth (mm/dd/yyyy) / /

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

Mailing Address of Trustee

Date of Birth (mm/dd/yyyy) / /

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.

Signature of Authorized Organisation Officer

Date(mm/dd/yyyy) / /

Signature of Member (DO NOT PRINT)

Date(mm/dd/yyyy) / /