CUNA CARIBBEAN INSURANCE
OECS LTD.
Bryson's Insurance Agency
Friars Hill Road
St. John's, Antigua & Barbuda, W.I.

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 ☐☐☐ .

This designation shall be effective only when delivered to the organisation duly executed by the Insured Member and during the lifetime of the designated beneficiary.

Organisation

Certificate Number

Membership Number

Member (first/last name)

Name of Beneficiary

Date of Birth (mm/dd/yyyy)

Relationship To Member

Please note that if Beneficiary is a minor (under the Age of 16) you are required to name a Legal Guardian.

Name of Legal Guardian

Please note that upon Minors reaching the Age of Maturity (16 Years), the above named Guardian would 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 the CUNA Caribbean Insurance OECS Limited to the said 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 a new beneficiary has not been nominated. In the case where the Legal Guardian precedes the minor in death, the benefit will be paid to the minor's Estate if a new Legal Guardian has not been nominated.

Witness

Signature of Member (DO NOT PRINT)

Date(mm/dd/yyyy)

Date(mm/dd/yyyy)

Form Rev: 2016/09

A member of ··· **CUNA MUTUAL** GROUP