

**THE FAMILY INDEMNITY PLAN
DESIGNATION OF BENEFICIARY FORM**

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

Certificate Number: _____ Date: _____

I, _____, being a

Member of _____ (organization),

designate, _____ (FName, MName, LName),

whose date of birth is _____ / _____ / _____,
DAY MONTH YEAR

and resides at _____

(Address)

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 Jamaica Limited** to the said Organization.

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

If the designated beneficiary preceeds me in death, the Benefit will be paid to my estate.

Signature of Member

Signature of Witness

Date: _____ / _____ / _____
DD MM YYYY