

**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 the _____ Organization,
do hereby designate, _____,
of _____

_____ 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 hereby reserve the right to change the beneficiary herein designated.

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

Witness

Signature of Member

Date: _____
Month Day Year