

**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.

Policy/Certificate Number: _____ Date: _____

I, _____, being a
Member of the _____ Organization,
do hereby designate, _____,
whose date of birth is _____ / _____ / _____,
DAY MONTH YEAR
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 & Stamp
(Justice of the Peace)

Signature of Member

Date: _____
Day Month Year