

DESIGNATION OF BENEFICIARY

This designation shall be effective only when delivered and filed with the Credit Union duly executed by an insured member and during the lifetime of the beneficiary designated.

Account Number _____

Date _____

I, _____, being a member of the
(Type or Print)

_____ Credit Union, do hereby designate

_____, relationship _____.

of _____

Number

Street or Route

City

State

Zip Code

as my beneficiary, if living, to receive any and all sums of money, herein called "INSURANCE PROCEEDS", paid under and by virtue of the terms and conditions of the Group Insurance Policy, Credit Union Savings Life Insurance (also called Life Savings Insurance) of the CUNA Mutual Insurance Society to the said Credit Union. This designation takes precedence over any earlier designation wherever and however made. I hereby reserve the right to change the beneficiary herein designated. Payment of Insurance Proceeds to a designated beneficiary or, if none, to the person the Credit Union determines is entitled to the Insurance Proceeds under the terms of the policy shall discharge the Credit Union from any and all liability to the extent of such payment.

Witness

Signature of Member (DO NOT PRINT)

DOB-1 (6/97)

(Consent of Spouse on Reverse Side)

Printed in USA by Union labor