

The Family Indemnity Plan

DESIGNATION OF BENEFICIARY

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

Certificate Number: _____ Date: _____

I, _____, being a Member of the
_____ Credit Union, do hereby designate,
_____, of _____

_____ Address (Number, Street or Route)

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 CMFG Life Insurance Company 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.

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

Witness Signature of Member (DO NOT PRINT)

Date: _____
Month Day Year