

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

CONSENT OF SPOUSE

This section is to be completed:

By the Spouse of a Member who is a resident of a Community Property State when the Beneficiary or other person entitled to the Life Savings Insurance is not the Spouse.

Approved and Consented to:

- (a) the Beneficiary as designated; or
- (b) any other person entitled to the Life Savings Insurance.

Date: _____
Month Day Year

Signature of Spouse _____

Spouse of _____

(Member's Credit Union) Credit Union