**ST. MARY’S CO-OPERATIVE CREDIT UNION**

**CHANGE OF BENEFICIARY FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identification #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Replace** – I designate the individual(s) named below as new beneficiary(ies) and hereby revoke all previous beneficiary(ies)

**Add**- I designate the individual(s) named below as beneficiary(ies) in addition to all previously designated.

**Remove-** I remove the individual(s) named below as my beneficiary (ies).

**Beneficiary #1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage allotted \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender : Male Female Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beneficiary #2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage allotted \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender : Male Female Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beneficiary #3**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage allotted \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender : Male Female Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of my death, I do hereby designate my beneficiary(ies) to receive any and all sums of money standing to the credit of my shares or deposits account or paid under and by virtue of terms and conditions of the Life Insurance Contract, Life Savings Plan of Corp. EFF Insurance Co. Ltd to the said Credit Union.

By signing this form, I agree to the terms and conditions set forth in my membership application agreement and understand this form will replace all previous beneficiary information.

Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_