

ST. MARY CO-OPERATIVE CREDIT UNION LIMITED

DESIGNATION OF BENEFICIARY

I _____ being a member of the St. Mary's Co-operative Credit Union Limited do hereby designate:

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

as my beneficiary/beneficiaries to receive any and all money standing to the credit of my Shares, Saving or Deposits or paid under and by the virtue of the terms and conditions of the Life Insurance Contract, Life Saving Plan of CUNA Mutual Insurance to the said Credit Union.

Beneficiary(ies) information:

#1. Address _____ Tele _____ Allotted % _____

#2. Address _____ Tele _____ Allotted % _____

#3. Address _____ Tele _____ Allotted % _____

The execution of this designation of beneficiary constitutes a change of beneficiary from the previous one.

I further reserve the right to change the beneficiary/beneficiaries therein designated. The execution of a subsequent designation of beneficiary form shall constitute a change of beneficiary.

Member Signature (DO NOT PRINT) Date

Witness #1 Name: _____ Signature: _____

Witness #2 Name: _____ Signature: _____

FOR OFFICIAL USE ONLY			
Account # _____	Date opened ____/____/____		
Risk: High <input type="checkbox"/>	Medium: <input type="checkbox"/>	Low: <input type="checkbox"/>	PEP <input type="checkbox"/>
Approved by: _____	Date: ____/____/____		