

Beneficiary Change for Life Savings Insurance



Member Name: _____

Account Number: _____

The 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.

I (print name) _____ being a member of WCTFCU, do hereby designate (print name and relationship of beneficiary) _____ of (address, city, state, zip) _____ 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 Life Savings Insurance (also called Life Savings Insurance) of the Minnesota 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. Payments of insurance benefits 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.

Member Signature: _____

Date: _____

Changed by: _____

Date: _____