

LIFE PLAN

Appointment of Beneficiary | 수혜자 지정

Please complete this form and send it to Christian Mutual Med-Aid, LLC. (작성한 양식을 CMM으로 보내 주십시오.)

Name of Member: _____ Date of Birth: MM/DD/YYYY
Member ID: _____ Contact Number: _____
Address: _____

Any or all amount payable under the LIFE PLAN of Christian Mutual Med-Aid, LLC will be paid out to the Beneficiary appointed herein. (CMM의 Life Plan 프로그램에 따른 지원금은 아래 지정된 수혜자에게 지급됩니다.)

I, the undersigned, hereby revoke any previous appointment and appoint the following as beneficiary of any or all moneys payable under the **LIFE PLAN** of Christian Mutual Med-Aid, LLC upon my death.
(본인 유고시 CMM의 **Life Plan** 프로그램에 따른 지원금을 받을 수혜자를 아래와 같이 지정하며, 이전의 모든 지정은 취소합니다.)

DESIGNATION OF BENEFICIARY | 지원금 수혜자

PRIMARY (to include FULL NAME AND RELATIONSHIP) | 지원금 주 수혜자 (성명 및 관계 포함)

Full Name of Beneficiary	Date of Birth	Relationship

CONTINGENT (if Primary Beneficiary **predeceases** the undersigned) | 지원금 부 수혜자 1 (주 수혜자가 사망한 경우)

Full Name of Beneficiary	Date of Birth	Relationship

2nd CONTINGENT (if Contingent Beneficiary **predeceases** the undersigned) | 지원금 부 수혜자 2 (부 수혜자 1이 사망한 경우)

Full Name of Beneficiary	Date of Birth	Relationship

Signature of Member _____ Date _____

At the present time your plenty will supply what they need, so that in turn their plenty will supply what you need. The goal is equality (2 Corinthians 8:14)