DESIGNATION OF BENEFICIARIES

Employee Number	Department	Policy Number
		9-387

Ensured Entity: Coop. Ahorro y Crédito Rafael Carrión, Jr.

Member Social Security Number:

Mark the classification that correspond

____Director ____Employee ____(Other)
____Consultant _x__Member

Name of Employee

_____ _____ _____
Last Name Mother Surname Name

Insurant Address:

Birth Day:

_____ _____ _____
Month Day Year

Name of Beneficiary (s) *	% of Benefit	Birth Day Month	Day	Year	Relationship

I certify that the information provided in this document is correct.

_____ _____ _____ _____
Signature Month Day Year

- I am interested in participating in the Group Life Insurance policy for the members of the Cooperativa de Ahorro y Crédito Rafael Carrion, Jr.
- I hereby authorize to deduct the monthly premium of the Group Life Insurance from my salary or pension.
- I hereby authorize COSVI, Insurance Company of the Cooperativa de Ahorro y Crédito Rafael Carrión, Jr. to pay the corresponding amount for the Life Insurance to the designated beneficiaries.