

Coop's Copy

ADTEMPCO Mortuary Form 1 – Designation of Beneficiary

ADTEMPCO MORTUARY AID FOR MEMBERS

Name: _____

Address: _____

Account Number: _____

Date of Birth: _____ **Status:** _____

I _____ as a member of the Abra Diocesan Teachers and Employees Multi-purpose Cooperative (ADTEMPCO) hereby designate the following as beneficiaries to the ADTEMPCO Mortuary Aid:

Name	Date of Birth	Relationship to Members	Address
_____	_____	_____	_____

And / or

I hereby authorize the ADTEMPCO Board and management to pay to my beneficiary all the benefits due me under the Mortuary Aid in the event of my death.

I agree, on behalf of my beneficiaries that the payment of such benefits shall be released to my designated beneficiaries upon the verification and approval of the management.

In case my beneficiary is a minor or is under any disability to give a legal discharge for payment of the benefits, I hereby request that the benefits due him/her be paid to his/her duly appointed legal guardian.

It is understood that I reserve the right to change the designation made above.

Member's Signature

Date

Received and Noted By

Coop's Copy

ADTEMPCO Mortuary Form 2

ADTEMPCO EXTENDED MORTUARY AID

Name: _____

Address: _____

Account Number: _____

Date of Birth: _____

I _____ as a member of the Abra
Diocesan Teachers and Employees Multi-purpose Cooperative (ADTEMPCO) hereby
designate the following as beneficiaries of the ADTEMPCO Extended Mortuary Aid:

Name	Date of Birth	Relationship to Member	Address

I understand that the submission of death certificate and burial permit should be made within thirty (30) days from death otherwise the office reserves the right to forfeit the said benefit.

Signature of Member

Date

Received and Noted By

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