

## **NOMINATION OF BENEFICIARY FORM**

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## PLEASE COMPLETE IN BLOCK CAPITALS

NOMINATION CHECKLIST									
Member Number: Name:			Name:						
1.	to one person o	tion covers all credit union property (unless otherwise specified) but that property may be assigned or divided between various nominees. Any clearly identified person can be a nominee - it does not e to be next of kin.							
2.		only one person is nominated, that person will be the sole beneficiary of your credit union property on the maximum permitted by law which is £20,000.							
3.	The nomination will not be affected by the terms of your will and is not revocable or variable by your will or any codicil to it.								
4.	Your marriage, civil partnership or divorce, after completing a nomination, automatically revokes that nomination - you may wish to consider completing a new nomination at that time.								
5.	Your marriage, civil partnership or divorce after completing a nomination automatically revokes that nomination; but if any property of the member has been transferred by an officer of the Credit Union in pursuance of the nomination in ignorance of a marriage, civil partnership or divorce contacted by the nominator subsequent to the date of the nomination, the receipt of the nominee shall be a valid discharge to the Credit Union and the Credit Union shall be under no liability to any other person claiming the property.								
6.	Completion of a new nomination revokes all previous nominations								
7.	In order to be valid, the form of nomination must either:  (a) be made in a book at the registered office of the Credit Union; or  (b) be <u>delivered</u> to the registered office of the Credit Union during your life								
I declare that I have read and fully understand the information outlined above.									
PLEASE DO NOT SIGN UNTIL IN THE PRESENCE OF STAFF MEMBER IN OFFICE									
Member Signature:				CU Signature:					
Print Name:				Print Name:					
Date:				Date:					



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PERSONAL DETAILS								
Name:								
Address:								
I/We hereby revoke all previous nominations and nominate the following person or persons (If required, attach additional nominee details to this form):								
Name:			Nomination Date:					
Address:			Relationship:					
			Member No.:					
Telephone:			DOB:					
Name:			Nomination Date:					
Address:			Relationship:					
			Member No.:					
Telephone:			DOB:					
If you have additional nominees, please inform a member of staff								
to become entitled to such property in the credit union (whether in savings, loans, insurances with the exception of the Death Benefit Rider, if applicable, or otherwise), not exceeding the limit for the amount for the time being authorised by law which I may have at the time of my death. The proceeds, if applicable, of the Death Benefit Rider may be applied by the Credit Union towards my vouched funeral/bereavement expenses and if not so applied shall be paid to the person(s) referred to above.								
Note:  • This form should be completed only following the admission to membership of the nominator.  • This form should be adapted if specific property only is to be nominated.								
PLEASE DO NOT SIGN UNTIL IN THE PRESENCE OF STAFF MEMBER IN OFFICE								
Member Signature:			CCU Witness Signature	9:				
Print Name:			Print Name:					
Date:			Date:					

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