



TWCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

NOMINATION OF BENEFICIARY FORM

This nomination shall be duly executed when delivered and filed with the Credit Union by a member during his or her lifetime and the lifetime of the beneficiary/beneficiaries nominated

Account Number _____ Date _____

I, _____ of _____
NAME ADDRESS

Being a member of the TWCU Credit Union Co-operative Society Limited, do hereby designate the following as my Beneficiary:

Please complete in Block letters

MR/MRS/MS: _____

HOME ADDRESS: _____

RELATIONSHIP: _____

PERCENTAGE: _____

MR/MRS/MS: _____

HOME ADDRESS: _____

RELATIONSHIP: _____

PERCENTAGE: _____

MR/MRS/MS: _____

HOME ADDRESS: _____

RELATIONSHIP: _____

PERCENTAGE: _____

I hereby declare that as my beneficiary, if living, to receive any and all sums of monies in respect of shares, deposits, interest, dividends, fixed deposits and also all monies paid by virtue of the Life Savings Plan of the CUNA Caribbean Insurance.

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Signature of Member

.....
ID/DP/Passport No.

.....
Dated

.....
Witness

.....
Date

.....
Witness

.....
Date