

NOMINATION OF BENEFICIARY

I, _____ of _____
Applicant's Name *Applicant's Address*

Applicant's Address

retain Beneficiary status nominate Beneficiary _____
Beneficiary's Name

Relationship of Beneficiary to Child: _____
(specify)

Beneficiary's Address

Beneficiary's Telephone Contact: _____
Home *Office* *Mobile*

To receive any monies due to the child by The Insurance Industry Credit Union Co-operative Society Limited, in the event of sickness or death. However, I understand that when the child attains the age of eighteen (18), the child will then have the authority to change this at any time.

SIGNATURE OF APPLICANT: _____ DATE: _____

WITNESS: _____ WITNESS: _____

FOR OFFICE USE ONLY

Date received: ____/____/____ Date of Membership: ____/____/____
DD MM YY *DD MM YY*

Date on which Beneficiary's claim was made: ____/____/____
DD MM YY

Manager *Clerk*

President *Secretary*

FOR OFFICIAL USE ONLY

APPROVED **REJECTED** **ACCOUNT NUMBER;** _____

Signature of President

Date

Signature of Secretary

Date