



## 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.

### POLITICALLY EXPOSED PERSONS DECLARATION

#### ARE YOU A POLITICALLY EXPOSED PERSON (check ALL that apply):

1.  YES     NO    A current or former senior official in the executive, legislative, administrative or judicial branch of domestic or a foreign government, whether elected or not
2.  YES     NO    A senior official of a major political party
3.  YES     NO    A senior executive of a **domestic** or foreign government-owned commercial enterprise
4.  YES     NO    A senior military official
5.  YES     NO    An immediate family member of a person above in 1-4 (spouse, parents, siblings or children) or the parents, siblings and additional children of the person's spouse.
6.  YES     NO    A close personal or professional associate of the persons mentioned above in 1-4.
7.  YES     NO    Any individual who is or have been entrusted with a prominent function by an international organization such as the UN and affiliates, OAS, IDB, ILO, CFATF, etc.

If Yes, to any of the above please provide details of relationship and complete Statement of Affairs below:

#### STATEMENT OF AFFAIRS FOR JUNIOR MEMBER IF PEP

CURRENT ASSETS	\$	CURRENT LIABILITIES	\$
Cash on Hand/Bank		Loans ->5yrs	
Stocks Bonds etc.		Short term Loans	
Real Estate (Market Value)		Mortgage Loan	
Motor Vehicle/s (Market Value)		Credit Cards	
Household (Furniture/Fixtures, computer etc.)		Hire Purchase	
Other Assets (Life Ins, etc.)		Other	
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>
NET WORTH = \$		NET WORTH = (Total Assets - Total Liabilities)	
DEFICIT = \$		DEFICIT = (Total Liabilities - Total Assets)	

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ WITNESS: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

This application for Membership in the Insurance Industry Credit Union Co-operative Society Limited made by  
 ..... (applicant) is hereby approved.

**Membership #:** .....

**Date on which Beneficiary's claim was made:** .....

**Date Approved:** .....

**General Manager:** .....

**Secretary:**.....

**President**.....

**Recommender's Membership #:** .....

Data Entry
Date Entered: .....
By: .....
Reviewed By: .....

**\*Standing Order Received:** YES [ ] NO [ ]

**Date Documents Dispatched:** .....

**MEMBERSHIP CDD (Customer Due Diligence) CONFIRMATION**

Referenced against UN Consolidated Lists (1267/2253/1988 )	Match: YES [ ]	NO [ ]
Referenced against Trinidad and Tobago Consolidated List of Court Orders (s.22B(3) of ATA)	YES [ ]	NO [ ]
Referenced against Economic Sanctions Order (IRAN)	YES [ ]	NO [ ]
Referenced against Economic Sanctions Order (DPKR)	YES [ ]	NO [ ]
Proof of Address:- Utility Bill, Correspondence from Registered FI- not more than 6 months old; Voter Registration Card or Tax Assessment	YES [ ]	NO [ ]
Two (2) forms of photo ID	YES [ ]	NO [ ]

**Authorized by:** \_\_\_\_\_

**Position:** \_\_\_\_\_