



THE INSURANCE INDUSTRY CREDIT UNION
Co-operative Society Limited

30 Agra Street ▪ St. James

T: 217-4428 (IICU) ▪ 217-8233 ▪ www.iicutt.com

REQUEST FOR CHANGE OF BENEFICIARY

I, _____, hereby nominate _____
Applicant's Name **Beneficiary's Name**

Relationship _____ Date of Birth: _____

Beneficiary's Address

Beneficiary's Address

to be my beneficiary for the purpose of receiving any monies due to me from The Insurance Industry Credit Union, in the event of sickness or death.

Beneficiary's Tel. Contact: _____
Home **Office** **Mobile**

Applicant's IICU Account Number: _____

This form cancels all previous nominations made by me.

Dated this _____ day of _____
Day **Month** **Year**

Applicant's Signature

Name of Witness (Blocked Letters)

Signature of Witness

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Signature of Witness