

LIFE INSURANCE NOMINATION FORM

Membership Number:

Title:	Name:
Address:	
Postcode:	

In the event of my death, I nominate the person below as my beneficiary to receive all my shares and any sums payable under the Life Insurance Scheme of the Credit Union.

Nominee(s) Name			
Address of Nominee			
Postcode			
Is the Nominee an existing member of the Credit Union?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes please provide their membership number if known	
Relationship			
Signature of Member:			
Date			
Witnessed by (PRINT NAME) THE WITNESS MUST NOT BE THE BENEFICIARY			
Signature of Witness:			
I wish to nominate multiple beneficiaries.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes please copy this form and state the total number of Nominees	

Please return to:
 Cardiff & Vale Credit Union
 Central Library Hub
 The Hayes
 Cardiff, CF10 1EP.

Tel: 029 2087 2373 / E-mail: ccu@cardiffcu.com

For Office Use:			
Maintenance Updated		Nomination Form Scanned	

Prudential Regulation Authority Reference Number 213467