



Form of Nomination

Member Account Number: _____

Member Name: _____

Member Address: _____

I _____ of the above address a member of the Health Services Staffs Credit Union, hereby revoke all previous nominations and nominate the following person or persons

NAME	ADDRESS	RELATIONSHIP

Relationship of Nominee(s) to Member:

E.g. wife, husband, daughter, son, friend, etc. Nominee does not have to be a family member.

to become entitled to such property in the credit union (whether in savings, loans, insurances with the exception of the Death Benefit Insurance), not exceeding the limit of the amount for the time being authorised by law which I may have at the time of my death. The proceeds, of the Death Benefit Insurance may be applied by the credit union towards my vouched funeral/bereavement expenses and if not so applied shall be paid to person(s) referred to the above.

Notes:

*This form should be completed **only** following admission to membership of the nominator.*

This form should be adapted if specific property only is to be nominated.

*Under section 21(4) of the Credit Union Act 1997, a nomination **is not revocable or variable by the will of the nominator or by any codicil to his/her will.***

*Under section 21(6) of the Credit Union Act 1997 **the marriage of a member of a credit union revokes any nomination made by him/her before his/her marriage.***

*Under section 21(7) **a nomination shall be revoked by the death of the nominee before the death of the nominator.***

Signed: _____

Date: _____

Members Signature

Signature of Witness: _____

Date: _____

Witness Name (Print): _____

Witness Address: _____

Witness Occupation: _____

The witness shall not be a nominee