



FORM OF NOMINATION (WILL)

This form is to be completed by all persons applying for membership of St. Raphael's Garda Credit Union Limited who are 16 years or over, or by any existing member who wishes to change their beneficiary.

MEMBERSHIP NUMBER

I _____ of _____ a member of the above credit union, hereby revoke all previous nominations and nominate the following persons:

Name	Address	Relationship to You

To become entitled to such property in the Credit Union (whether in savings, loans, insurances with exception of the death rider, if applicable, or otherwise), 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, if applicable of death benefit rider may be applied by the Credit Union towards my funeral/bereavement expenses and if not so applied shall be paid to the person(s) referred to above.

MEMBER SIGNATURE:

DATE:

WITNESS SIGNATURE:

DATE:

WITNESS ADDRESS:

The witness should not be the nominee.

Note: If you wish to change your beneficiary details in the future you must complete a new nomination form.

The details provided in this form together with any other information that is furnished to us in connection with this form will be retained and processed by St. Raphael's Garda Credit Union in accordance with the Privacy Notice which is available on our website and in branch.