



FORM OF NOMINATION

Under Section 21 of the Credit Union Act, 1997 (as amended by the Credit Union (Amendment) Act 2023) a member of a credit union over the age of 16 years may nominate one or more person(s) to become entitled on death of that member to the whole or part of any property held by that member in the credit union on his/her death (whether in savings, insurances or otherwise) subject to a maximum sum as specified by law (which is currently €27,000).

If you wish to nominate one or more person(s) as your nominee(s) please complete the details below :

Member Name:	Member Number:
<input type="text"/>	<input type="text"/>
Mobile Number:	Email Address:
<input type="text"/>	<input type="text"/>

I _____ of _____ (address) hereby revoke all previous nominations (if any) and hereby nominate the following person(s) to become entitled to my property in St. Raphael's Garda Credit Union Limited subject to the maximum figure as specified by law at the date of my death :

Name of Nominee	Member Number	Address	Phone Number	Relationship to You
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that by completing this Nomination, such sum(s) which hereby pass to my nominee(s) shall not form part of my estate for the purposes of making a will. The sum(s) nominated shall pass to my nominee(s) irrespective of the contents of my will.

I further acknowledge that for this reason I have been advised by the Credit Union to provide a copy of this Nomination to my solicitor when making my will.

Member Signature:	Date:
<input type="text"/>	D D M M Y Y Y Y
Witness 1 Signature: (cannot be a nominee) *Required*	Date:
<input type="text"/>	D D M M Y Y Y Y
Witness 2 Signature: (cannot be a nominee) *Required*	Date:
<input type="text"/>	D D M M Y Y Y Y

Note: This nomination will be invalidated by any subsequent marriage of the member. You are entitled to change your Nominees at any time. To do so 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. St. Raphael's Garda Credit Union Ltd is regulated by the Central Bank of Ireland.