

CHANGE OF NAME, ADDRESS OR NOMINATION

CREDIT UNION MEMBERSHIP No _____

PLEASE COMPLETE ALL DETAILS WITHIN BOTH BOXES ONLY USING BLOCK CAPITALS

Surname _____		Forename(s) _____	
Address _____			

Postcode _____	Tel. No. _____	Date Of Birth _____	
Applicant's Signature _____		X Date _____	

FORM OF NOMINATION (IN CASE OF DEATH)

I, _____ of the above address and as a member of the above	
Credit Union hereby nominate _____	
Address _____	

as the person to whom there shall be transferred at my decease such property in the above Credit Union as may be mine at the time of my decease, whether in shares or otherwise. This nomination replaces all previous forms of nomination.	
Dated this the _____ day of _____ 19____	Signature _____ X
Any special instructions _____	

Witness Signature(not nominated person) _____	X Date _____
Witness's Address _____	

Proof Of I.D. Yes/No Address Yes/No C U Officer _____ Position _____ Date _____