



Dunboyne & District Credit Union Limited

DUNBOYNE OFFICE: TELEPHONE 01-825 1122 FAX: 01-825 5393
RATOATH OFFICE: TELEPHONE: 01-825 7055 FAX: 01-825 7173

NOMINATION FORM

MEMBERSHIP NUMBER
/

(To be completed only following admission to membership)

I (member name) _____
of (address) _____

a member of **Dunboyne & District Credit Union Ltd.** hereby revoke all previous nominations and nominate the following person or persons.

Name: _____ **Address:** _____

Relationship: _____

Name: _____ **Address:** _____

Relationship: _____

Name: _____ **Address:** _____

Relationship: _____

to become entitled to such property in the credit union (whether in savings, loans, insurances with the exception of the Death Benefit Rider, if applicable, or otherwise), not exceeding the limit of the amount for the time being authorised by law I may have at the time of my death. The proceeds, if applicable, of the Death Benefit Rider may be applied to the credit union towards my vouched funeral/bereavement expenses and if not so applied shall be paid to person(s) referred to 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 shall not be revocable or variable by the will of the nominator or by any codicil of his/her will.
- Under section 21(6) of the Credit Union Act 1997, the marriage of a member of a credit union shall operate as a revocation of any nomination made by him/her before his/her marriage.

Member Signature: _____

Date: _____

Witness Signature: _____
(The witness shall not be a nominee)

Print Name: _____
(Witness)

Address: _____
(Witness)

Occupation: _____
(Witness)