

VENTURE CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

NOMINATION OF BENEFICIARY FORM

VENTURE # _____

NAME OF MEMBER: _____

NAME OF BENEFICIARY(S): _____

RELATIONSHIP: _____

ADDRESS OF BENEFICIARY(S): _____

I hereby nominate the above person(s) to be my Nominated Beneficiary(s) (as defined in the Rules of **VENTURE** Credit Union Co-operative Society Limited) to receive any benefits which may be payable upon my death from **VENTURE** Credit Union Co-operative Society Limited. I agree that this nomination shall revoke any previous Nomination of Beneficiary Form, which I may have completed in the past and shall not be valid, if the date of acknowledgement shown below is subsequent to the date of my death.

DATE: _____

DATE: _____

NAME OF MEMBER: _____

NAME OF WITNESS: _____

SIGNATURE: _____

SIGNATURE: _____

*** FOR OFFICE USE ONLY ***

ACKNOWLEDGED BY: _____

(Secretary, Management Committee)

DATE OF ACKNOWLEDGEMENT: _____