

# NOMINATION OF BENEFICIARY



Please complete in full, using **BLOCK CAPITALS** and return to Stirling Credit Union Ltd., 10 Spittal Street, Stirling, FK8 1DU or email to Member Services at [info@stirlingcreditunion.co.uk](mailto:info@stirlingcreditunion.co.uk).

**This form must be signed and witnessed (see page 2).**

If you have any questions, please email or telephone Member Services on 01786 437090.

In the event of a member's death the Credit Union will need to know to whom the member would like transferred any of their property that is held by the Credit Union, whether shares (savings) or otherwise. Beneficiaries are typically partners, family members or organisations such as charities. If you have a legal representative and would like the Credit Union to transfer to them, contact details may be given below.

If you would like to change your instructions at any time, please write to the Credit Union or submit a new form.

The Credit Union will require proof of identity of beneficiaries and to see an original paper death certificate before making any transfers.

## 1. NOMINATOR (MEMBER OR MEMBERSHIP APPLICANT)

<b>Name of member or membership applicant:</b>
<b>Address of member or membership applicant:</b>
<b>Postcode:</b>

## 2. BENEFICIARY 1 OR REPRESENTATIVE

<b>Name of person or legal entity nominated as beneficiary or representative:</b>	
<b>Address of person or legal entity nominated as beneficiary or representative:</b>	
<b>Postcode:</b>	<b>Telephone number:</b>
<b>Relationship with Nominator:</b> <i>(e.g. partner, son, daughter, mother, father, solicitor, other)</i>	

## 3. BENEFICIARY 2

<b>Name of person or legal entity nominated as beneficiary:</b>	
<b>Address of person or legal entity nominated as beneficiary:</b>	
<b>Postcode:</b>	<b>Telephone number:</b>
<b>Relationship with Nominator:</b> <i>(e.g. partner, son, daughter, mother, father, solicitor, other)</i>	

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## 4. BENEFICIARY 3

**Name of person or legal entity nominated as beneficiary:**

**Address of person or legal entity nominated as beneficiary:**

**Postcode:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Relationship with Nominator:**  
*(e.g. partner, son, daughter, mother, father, solicitor, other)*

## 5. BENEFICIARY 4

**Name of person or legal entity nominated as beneficiary:**

**Address of person or legal entity nominated as beneficiary:**

**Postcode:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Relationship with Nominator:**  
*(e.g. partner, son, daughter, mother, father, solicitor, other)*

## 6. CONFIRMATION

I confirm that if I die while a member of Stirling Credit Union Ltd., I would like the Credit Union to transfer any of my property held by the Credit Union, whether shares (savings) or otherwise, to the above beneficiary, beneficiaries or representative.

Signature of member or membership applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### WITNESS

Note - A beneficiary may not witness this form. The witness may be anyone else that knows you or a Credit Union staff member if you complete this form in person.

Name of witness: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Address of witness: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_