NOMINATION FORM

Bruce Street, St. George's,   Canal Road, Grenville   Church Street, Hillsborough

Nomination Form (Pursuant to S.106 of the Co-operatives Act 8 of 2011)

1. Member Information		
A/C No.:	Date: Click here to enter a date.	Prefix: ☐Mr. ☐Mrs. ☐Ms. ☐Dr.
Last Name:	Middle Initials:	First Name:
Birth Date:Click here to enter a date.	Age:	Sex: ☐ Male ☐ Female
Marital Status: ☐Married ☐Single ☐Separated ☐Divorced ☐Widow ☐Widower ☐Common Law		
Mobile Phone:	Home Phone:	Work Phone:
Address:		Email Address:

2. Attestation

As a Member of the above named Society, do hereby **revoke all previous nominations and nominate the following person(s)** (none of them being an Officer or Servant of the Society, unless such person is the Husband, Wife, Father, Mother, Child, Brother, Sister, Nephew or Niece of me, the Nominator), to or among whom shall be transferred my property in the Society, whether in Shares, Loans, Deposits, or otherwise at my death in such proportions as is set forth below next to their respective names:-

3. Beneficiary Information 1		
Last Name:	Middle Initials:	First Name:
Birth Date:Click here to enter a date.	Age:	Sex: ☐ Male ☐ Female
Marital Status: ☐Married ☐Single ☐Separated ☐Divorced ☐Widow ☐Widower ☐Common Law		
Occupation:		Proportion (%):
Address:		Phone No.:
4. Beneficiary Information 2		
Last Name:	Middle Initials:	First Name:
Birth Date:Click here to enter a date.	Age:	Sex: ☐ Male ☐ Female
Marital Status: ☐Married ☐Single ☐Separated ☐Divorced ☐Widow ☐Widower ☐Common Law		
Occupation:		Proportion (%):
Address:		Phone No.:
5. Beneficiary Information 3		
Last Name:	Middle Initials:	First Name:
Birth Date: Click here to enter a date.	Age:	Sex: ☐ Male ☐ Female
Marital Status: ☐Married ☐Single ☐Separated ☐Divorced ☐Widow ☐Widower ☐Common Law		
Occupation:		Proportion (%):
Address:		Phone No.:
6. Beneficiary Information 4		
Last Name:	Middle Initials:	First Name:
Birth Date: Click here to enter a date.	Age:	Sex: ☐ Male ☐ Female
Marital Status: ☐Married ☐Single ☐Separated ☐Divorced ☐Widow ☐Widower ☐Common Law		
Occupation:		Proportion (%):
Address:		Phone No.:
7. Beneficiary Information 5		
Last Name:	Middle Initials:	First Name:
Birth Date: Click here to enter a date.	Age:	Sex: ☐ Male ☐ Female
Marital Status: ☐Married ☐Single ☐Separated ☐Divorced ☐Widow ☐Widower ☐Common Law		
Occupation:		Proportion (%):
Address:		Phone No.:

Where the Nominator is not intended to comprise the whole of the member's property in the Society, the amount to be comprised in it, is to be specified.

8. Declarations (please tick corresponding boxes)

a.	A valid nomination covers all credit union property, that property may be assigned to one person or divided between various nominees. Any clearly identified person can be a nominee – it does not necessarily have to be next of kin.	
b.	Where only one person is nominated, that person will be the sole beneficiary of your credit union property.	
c.	The nomination will supersede your will and is not revocable or variable by your will or any codicil to it.	
d.	Death of the nominee (prior to that of the nominator) automatically revokes that nomination – you should complete a new nomination form	
e.	Completion of a new nomination revokes all previous nominations	
f.	In order to be valid, this form of nomination must be **delivered** to an Ariza branch.	
g.	A nominee/beneficiary listed cannot be a witness	

I, _____ confirm that the following information was explained to me at the time of completion of this nomination form**. As witness my hand,**
this _____ **day of** _____ **two thousand and** _____.

Signature of Nominator:

9. Signature of Witnesses

Witness 1:	Witness 2:
Name:	Name:
Address:	Address:
Signature:	Signature:

Date: Click here to enter a date.	Date: Click here to enter a date.
For Official Use Only	
Date Received: Click here to enter a date.	
Signature of Officer:	
Signature of Secretary:	
Notary Public/Justice of the Peace / Ariza Official Nomination forms of Foreign nominators **MUST** be notarized. Please place stamp in the space provided here →	