



## FORM OF NOMINATION – REPUBLIC OF IRELAND

Credit Union Limited

(TO BE COMPLETED ONLY FOLLOWING ADMISSION TO MEMBERSHIP)

Membership Number: .....

I, [print name] .....

of [print address] .....

a member of the above credit union, hereby revoke all previous nominations and nominate the following person or persons

	* Name/s	* Address/es	* Relationship of the Nominee to the Member
Nominee 1			
Nominee 2			
Nominee 3			
Nominee 4			
Nominee 5			
Nominee 6			

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 which I may have at the time of my death. The proceeds, if applicable, of the Death Benefit Rider may be applied by the credit union towards my wished funeral/bereavement expenses and if not so applied shall be paid to the person(s) referred to above.

\* Mandatory fields



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### 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.*

- A nomination cannot be revoked or varied by the Will of the member, under section 21(4) of the Credit Union Act 1997 (as amended) (hereinafter "the Act").
- The marriage of the member will revoke an existing nomination, under section 21(6) of the Act.
- A nomination shall be revoked by the death of the nominee before the death of the nominator, under section 21(7) of the Act.
- The form of nomination must either (a) be made in a book at the registered office of the credit union or (b) delivered to the registered office during the nominator's lifetime, under section 21(1) of the Act
- Note in order for a nomination to be valid, the nominees must be named persons, and not organisations or charities.

Signed: ..... \* Date: .....

Member

Signed: ..... Print Name: .....

Witness

Witness

*(The witness shall not be a nominee)*

Address: .....

Occupation: .....

Witness

Witness

\* Mandatory fields

Confirm receipt of a  
Nomination Privacy Notice

Signed: .....

Dated: .....

EHF Code .....

Gender M/F .....

Central Credit Info rec'd

Signed: .....