

**NOMINATION FORM  
(PURSUANT TO THE CO-OPERATIVES SOCIETIES ACT)**

Name of Society: The Insurance Employees Co-Operative Credit Union LTD

Full Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hereby nominate the following as the only person(s) (none of them being an Officer or Servant of the Credit Union, unless such persons are 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 Credit Union, whether in Shares, Loans, Deposits, or otherwise upon my death in such proportions as is set forth below opposite their respective names:

Full Name	Address	Relationship	Portion (%)

I further appoint the following person/s as trustee for the minor(s) nominated above until he or she attains the age of eighteen (18).  
Trustee appointed must be eighteen (18) years of age or older.

Full Name	Address	Relationship	Portion (%)

Where the Nomination is not intended to compromise the whole of the member's property in the Credit Union, the amount to be comprised in it, is to be specified. Any previous nomination made by me is hereby cancelled.

As Witness to my hand, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of Member Making Nomination /Parent/Guardian: \_\_\_\_\_

1. \_\_\_\_\_  
Signature of Witness Address

2. \_\_\_\_\_  
Signature of Witness Address

I declare that the present nomination was deposited with the Credit Union on: \_\_\_\_\_

Signature of Secretary or Designate of the Credit Union: \_\_\_\_\_