

Change of Beneficiaries Form

In case of sickness or death, I _____ being a member of the Canning's Employees' Credit Union Co-operative Society Ltd. and being of sound body and mind hereby nominate as my beneficiaries:

_____ (Title) _____ (First) _____ (Middle) _____ (Last)
 Relationship to Applicant: _____ Date of Birth: _____ (yy/mm/dd)
 Marital Status: Single Married Divorced Widow Widower Common Law
 DP No.: _____ Passport No.: _____ ID Card No.: _____
 Permanent Address: _____
 Home/Mobile Tel.: _____ Occupation: _____
 to receive ____% of my benefits in the society.

Full Name: _____ (Title) _____ (First) _____ (Middle) _____ (Last)
 Relationship to Applicant: _____ Date of Birth: _____ (yy/mm/dd)
 Marital Status: Single Married Divorced Widow Widower Common Law
 DP No.: _____ Passport No.: _____ ID Card No.: _____
 Permanent Address: _____
 Home/MobileTel.: _____ Occupation: _____
 to receive ____% of my benefits in the society.

Full Name: _____ (Title) _____ (First) _____ (Middle) _____ (Last)
 Relationship to Applicant: _____ Date of Birth: _____ (yy/mm/dd)
 Marital Status: Single Married Divorced Widow Widower Common Law
 DP No.: _____ Passport No.: _____ ID Card No.: _____
 Permanent Address: _____
 Home/Mobile Tel.: _____ Occupation: _____
 to receive ____% of my benefits in the society.

Member's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
CECU Authorised Signature: _____	Date: _____
CECU Authorised Signature: _____	Date: _____