



TEXTTEL CREDIT UNION

CO-OPERATIVE SOCIETY LIMITED

NOMINATION OF BENEFICIARY

PLEASE PRINT IN BLOCK LETTERS

MEMBER NAME: _____ CONTACT#: _____

BENEFICIARY INFORMATION:

1) Beneficiary Name: _____ Relationship: _____

Percentage Allotted: _____ D.O.B: ____ / ____ / ____ ID/DP/PP #: _____

Home Address: _____

Mailing Address: _____

Phone: (Cell) _____ (Other) _____ E-Mail: _____

2) Beneficiary Name: _____ Relationship: _____

Percentage Allotted: _____ D.O.B: ____ / ____ / ____ ID/DP/PP #: _____

Home Address: _____

Mailing Address: _____

Phone: (Cell) _____ (Other) _____ E-Mail: _____

3) Beneficiary Name: _____ Relationship: _____

Percentage Allotted: _____ D.O.B: ____ / ____ / ____ ID/DP/PP #: _____

Home Address: _____

Mailing Address: _____

Phone: (Cell) _____ (Other) _____ E-Mail: _____

4) Beneficiary Name: _____ Relationship: _____

Percentage Allotted: _____ D.O.B: ____ / ____ / ____ ID/DP/PP #: _____

Home Address: _____

Mailing Address: _____

Phone: (Cell) _____ (Other) _____ E-Mail: _____

I hereby nominate the above person(s) to receive the benefits which may accrue to me in the Society, under the statutory provisions governing the operations of Financial Cooperatives in Trinidad and Tobago. I also agree that by completing and signing this form that it supersedes any previous instructions given.

Applicant's Signature: _____ Date: _____

Please note that the maximum payout by the Credit Union to beneficiaries pursuant to section 8 of the Finance Act, 2019, effective 1st January 2020 is \$50,000. All other balances would require Letters of Administration or Probate.