

NOMINATION OF BENEFICIARY

1. Beneficiary's Name: _____ Relationship: _____

Home Address: _____

Work Address: _____

Telephone No: Home: _____ Mobile: _____

Date of Birth: _____ Email Address: _____

Identification No: ID _____ DP _____ PP _____

2. Beneficiary's Name: _____ Relationship: _____

Home Address: _____

Work Address: _____

Telephone No: Home: _____ Mobile: _____

Date of Birth: _____ Email Address: _____

Identification No: ID _____ DP _____ PP _____

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.

Applicant's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Received: (M/D/Y) _____

Member Classification: _____

Member's Risk Profile: High Medium Low

UN Sanction 1267 & OFAC Lists Checked Yes No

Reviewed By Compliance Officer: Date: _____ Signature: _____

Member Application was reviewed By Board: Yes No Date: _____

Member Application was Approved Rejected

Secretary's Signature: _____

President's Signature: _____