



FREE LIFE SAVINGS PROTECTION

As a member you will receive our free life cover benefit on your savings, up to your 65th birthday and loan cover up to your 70th birthday. In the event of your death, your nominated person will benefit from this free life cover; any savings you have in the Transport Credit Union may be matched £ for £ and your loan cleared, both up to the maximum limit of £10,000*. Savings will be paid to them to the extent that the law permits.

Please note that we request this information regarding your Next of Kin as a legitimate interest - as a way of providing you and your family with peace of mind. We will not disclose this information with anyone other than for the purpose of submitting a life insurance claim. We ask that you ensure that your nominated next of kin is aware of the personal information provided by yourself.

This does not replace the need for a Will; you should have a Will in place to protect your family.

CHANGE OF NEXT OF KIN NOMINATION

I (own name) _____ of (address) _____

_____ hereby give notice that my previously stated next of kin nomination, named by me as:

_____ be deleted as of noon on ____/____/____
 (Full Name) (date)

My new nomination is as follows. As a member of the above Credit Union, I hereby nominate the person named below:

(New next of Kin full name) _____ of (full address) _____

_____ Date of Birth ____/____/____

Relationship to me: Spouse Partner Parent Son Daughter State if other: _____

as the person to whom there shall be transferred such property in the Transport Credit Union whether in shares, loans or deposits or otherwise, that may be mine at the time of my death. I understand that the maximum amount provided for under nomination is £5,000 and any residual balance in my account shall be paid to my legal Personal Representative(s) for the purpose of inclusion to my estate.

In witness whereof this form of Nomination is subscribed by me at:

_____ on (date) ____/____/____ before this witness:

Name of town/city

Signature of member

WITNESS _____ (Signature)
FULL NAME _____
ADDRESS _____
POSTCODE _____ <i>Any person who is not the nominee & is aged over 18yrs can witness</i>

PLEASE ENSURE IT IS WITNESSED AS ABOVE FOR YOUR OWN PROTECTION AND THIS ALTERATION WILL NOW BE REGISTERED WITH US. YOU MAY ALTER THIS AGAIN AT ANY TIME BY COMPLETING THIS FORM. PLEASE CONTACT US IF YOU REQUIRE ASSISTANCE.