### **Link Credit Union Ltd**



Tel: 042-9675000

Email: info@linkcu.ie

Website: www.linkcu.ie

# Form of Nomination (Multiple)

	THIS FORM BE	COMES VA	LID ONLY FOLLOWING AD	MISSION TO MEMBERSHIP		
	Member Name:	Membership Number:				
	Address:					
prevolution credical contraction creditation creditati	ious nominations and t union (whether in sav rwise), not exceeding th ime of my death. The p	[print name] a member of Link Credit Union Ltd, hereby revoke all us nominations and nominate the following person (s) to become entitled to such property in the nion (whether in savings or insurances with the exception of the Death Benefit Rider, if applicable, of se), not exceeding the limit of the amount for the time being authorised by law which I may have at e of my death. The proceeds, if applicable, of the Death Benefit Rider may be applied by the credit towards my vouched funeral/bereavement expenses and if not so applied shall be paid to the				
,	Name		Address	Relationship of nominee to nominator		

#### **Notes:**

This form becomes valid **only** following admission to membership of the nominator. This form should be adapted if specific property only is to be nominated.

- A nomination cannot be revoked or varied by the Will of the member, under section 21(4) of the Credit Union Act 1997 (as amended) (hereinafter "the Act").
- The marriage of the member will revoke an existing nomination, undersection 21(6) of the Act.
- A nomination shall be revoked by the death of the nominee(s) before the death of the nominator, under section 21(7) of the Act.
- The form of nomination must be delivered to the registered office during the nominator's lifetime, under section 21(1) of the Act.

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- If you wish to nominate more than one nominee, the funds will be divided equally between each nominee.
- If the nominee(s) is aged under 16 years of age, the credit union may pay the sum to the parent or guardian of the nominee or to any other person of full age:
  - ⇒ To hold it in trust for the nominee or apply it for their benefit; and
  - ⇒ Whom the credit union may think a fit and proper person for the purpose
  - ⇒ Please provide details of the proposed appropriate adult:.

Relationship to Nominee:		
Address:		
Phone No:		
⇒ A receipt for that sum signed be discharge to the credit union for	by that parent, guardian or other person shall be a sufficient all money so paid.	
Note for a nomination to be valid, the no or charity.	ominee must be a named person, and not an organisation	
_	Date:	
Witnessed by:	Witnessed by:	
Date:	Date:	
Print Name:	Print Name:	
The witness shall not be the nominee]	[The witness shall not be the nominee]	
Occupation:	Occupation:	
Address:	Address:	