



TRANQUILLITY CREDIT UNION CO OPERATIVE SOCIETY LIMITED

5 Maraval Road, Newtown, Port of Spain

Phone : 628-9266 / 628-6466 / 628-3804 / Fax : 628-1847

www.tranquillitycu.com

DESIGNATION OF BENEFICIARY

Date : _____

I, _____, A/C# _____ being a member of Tranquillity Credit Union Co operative Society Limited, do hereby designate the under mentioned person (s) as my Beneficiary / Beneficiaries.

I authorize Tranquillity Credit Union Co operative Society Limited, to pay the person(s) named hereunder on this form, the total sum of my Shareholdings and / or Deposits, and all sums of money paid under and by virtue of the terms and conditions of the Life Insurance contract, Life Savings Plan of the C.U.N.A. Mutual Insurance Society to the said Credit Union, in accordance with Rule 9 of Tranquillity Credit Union Co operative Society Limited.

1. **NOMINEE** : _____ **D.O.B.** _____

ADDRESS : _____

RELATION : _____ **AMOUNT** : _____ %

2. **NOMINEE** : _____ **D.O.B.** _____

ADDRESS : _____

RELATION : _____ **AMOUNT** : _____ %

3. **NOMINEE** : _____ **D.O.B.** _____

ADDRESS : _____

RELATION : _____ **AMOUNT** : _____ %

I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent designation of beneficiary form shall constitute a change of beneficiary.

SIGNATURE

WITNESS

WITNESS