

Clockwise

Leicester's Credit Union
20, Pocklingtons Walk, Leicester, LE1 6BU Tel 0116 247 1740 Email enquiries@clockwise-cu.co.uk
(Authorised & regulated by the Financial Services Authority)

CHANGE OF BENEFICIARY FOR INSURANCE

Name	Membership Number
Address	Date
.....	
Post Code.....	

I (print your name) **of** (Print your address)
..... **Post Code**

nominate (print name of new beneficiary) **of** (beneficiaries address).....
..... **Post Code**

as the person to whom any shares in my name in Leicester Credit Union, or any other payment due to me, should be transferred to in the event of my death. This nomination replaces all previous nominations made by me.

Members Signature **Date**

Witnesses Signature **Date**

Witness must not be related or be the Beneficiary



Input By

Date

