ADDITIONAL BENEFICIARY INFORMATION FORM

Name of Applicant: _____ **Member Number:** _____

Beneficiary Information

Additional Beneficiary ◯ Replacement Beneficiary ◯

In the event of death, I _____ hereby nominate
FULL NAME (BLOCK LETTERS)

_____
BENEFICIARY'S FULL NAME (BLOCK LETTERS)

to receive money from my account in accordance with the Co-operative Societies Act and the By-Laws of the Society.

Relation to Member: _____

Beneficiary Email Address: _____

Contact #: _____ **Contact #:** _____
Home Mobile

ID Type:

DP ◯ ID ◯ PP ◯ ID#: _____

Country of Issue: _____ Issue Date: _____ Expiry Date: _____

If the Beneficiary is a minor (under age 18) and does not have a valid form of identification — Please provide original Birth Certificate.

Birth Certificate Pin No. : _____ **Country of Issue:** _____

DECLARATION

I, _____ , hereby certify that the information given in this
FULL NAME (BLOCK LETTERS)
Declaration filed with CLICO Credit Union Co-operative Society Limited, is TRUE and CORRECT.

By reason that the requirements of the Guidelines on Money Laundering for Institutions licensed under the Financial Obligation Regulations, 2010, CCU's policy requires it to be satisfied as to the source of funds before accepting deposits. Consent is hereby given to CCU to disclose its information to law enforcement authorities.

ADDITIONAL BENEFICIARY INFORMATION FORM

DECLARATION

I, _____ , hereby certify that the information given
FULL NAME (BLOCK LETTERS)
in this Declaration filed with CLICO Credit Union Co-operative Society Limited, is TRUE and CORRECT.

By reason that the requirements of the Guidelines on Money Laundering for Institutions licensed under the Financial Obligation Regulations, 2010, CCU's policy requires it to be satisfied as to the source of funds before accepting deposits. Consent is hereby given to CCU to disclose its information to law enforcement authorities.