## **Nomination** Form



Membership Number:	
I, [print name]	
of [print address]	
a member of Savvi Credit Union Ltd, hereby revoke all previou	us nominations and nominate the following person or persons:
Name of Nominee:	Name of Nominee:
Address:	Address:
Relationship to member:	Relationship to member:
Name of Nominee:	Name of Nominee:
Address:	Address:
Relationship to member:	Relationship to member:

to become entitled to such property in the credit union (whether in savings, loans, insurances (net of any outstanding liabilities) with the exception of the Death Benefit Rider, if applicable, or otherwise), not exceeding the limit of the amount for the time being authorised by law which I may have at the time of my death. The proceeds, if applicable, of the Death Benefit Rider may be applied by the credit union towards my vouched funeral/bereavement expenses and if not so applied shall be paid to the person(s) referred to above or to the person who has paid the funeral/bereavement expenses.

## Need some help with this form?

Call us on 01 - 632 5100 or email us at hello@savvi.ie

Savvi Credit Union Ltd is regulated by the Central Bank of Ireland. Registered in Republic of Ireland: Register No. 275CU. 56 Sir John Rogerson's Quay, Dublin 2, D02EK20 Tel: 01 632 5100 **Notes:** This form should be completed 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, under section 21(6) of the Act.
- A nomination shall be revoked by the death of the nominee before the death of the nominator, under section 21(7) of the Act.
- The form of nomination must either (a) be made in a book at the registered office of the credit union or (b) delivered to the registered office during the nominator's lifetime, under section 21(1) of the Act.
- In order for a nomination to be valid, the nominee(s) must be named persons, and not organisations or charities.

Signed:		Date:	/	1	
Member Signature					
Two Witnesses are required					
Signed:	Signed:				
Print Name:	Print Name:				
Address:	Address:				
Occupation:	Occupation:				
Witness 1 [The witness shall not be the nominee]	Witness 2 [The witness	s shall not be t	he nomine	ee]	



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