

TATECO (POS) CREDIT UNION CO-OPERATIVE SOCIETY
 LIMITED
 85 FIFTH STREET
 ROAD
 BARATARIA
 TRINIDAD



32 WILSON
 SCARBOROUGH
 TOBAGO

Entered By	
Date	

BENEFICIARY DECLARATION FORM

DATE: _____

Account No.: _____

TO THE BOARD OF DIRECTORS – TATECO (POS) CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

I, _____ of _____
 (NAME IN FULL AND IN BLOCK LETTERS)

(ADDRESS OF MEMBER)

Hereby nominate the following person(s):

NAME		RELATIONSHIP	CONTACT NO.
ADDRESS			

Beneficiary ID/PP/DP#:

NAME		RELATIONSHIP	CONTACT NO.
ADDRESS			

Beneficiary ID/PP/DP#:

NAME		RELATIONSHIP	CONTACT NO.
ADDRESS			

Beneficiary ID/PP/DP#:

As the person(s) lawfully authorized to receive from TATECO Credit Union Co-operative Society Limited, all Benefits accrued to me after the settlement of any outstanding debts to the Credit Union and payable within the Law of the Land at the time of my death. **Only the main Beneficiary is claimant to receive \$5,000.00 bereavement payments.**

In pursuance of this declaration, I hereby set my signature in the presence of two (2) Witnesses.

SIGNATURE OF MEMBER: _____

WITNESS NAME (1): _____
 (NAME IN BLOCK LETTERS)

SIGNATURE OF WITNESS:

ADDRESS: _____

WITNESS NAME (2): _____
 (NAME IN BLOCK LETTERS)

**SIGNATURE OF
WITNESS:**_____

ADDRESS:_____
