

**Membership Application (Nomination Supplement)**

|  |
| --- |
| **MEMBER DATA** |
| **Title:**  | **First Name:**  | **M/Init:**  | **Surname:**  |
| **Member No:**  |  |  | **Branch:**  |
| *In the event of my death, I hereby nominate the following person(s) to receive monies accruing to me from the Society*: |
| **NOMINEE** |  |  |  |  |
| **Title:**  | **First Name:**  | **M/Init:**  | **Surname:**  |
| **Relationship to M’ber:**   |  | **Age:**  | **Tel #:**  |
| **Address:**  |  |  | **Geo. Code:**  |
| **NOMINEE** |  |  |  |  |
| **Title:**  | **First Name:**  | **M/nit:**  | **Surname:**  |
| **Relationship to M’ber:**   |  | **Age:**  | **Tel #:**  |
| **Address:**  |  |  | **Geo. Code:**  |
| **NOMINEE** |  |  |  |  |
| **Title:**  | **First Name:**  | **M/Init:**  | **Surname:**  |
| **Relationship to M’ber:**   |  | **Age:**  | **Tel #:**  |
| **Address:**  |  |  | **Geo. Code:**  |
| ***Complete this Section only if the Nominee is a minor*** |
| *I hereby nominate the following person/company to act as Trustee on behalf of my nominee should my nominee still be a minor (under age 18) upon my death****.*** |
| **Title:**  | **First Name:**  | **M/Init:**  | **Surname:**  |
| **Relationship to Nominee:**  |  | **Age:**  | **Tel #:**  |
| **Address:**  |  |  | **Geo. Code:**  |
| *I reserve the right to change or terminate the designated beneficiary/ies at any time while living or upon the prior death of any of the above-named beneficiaries. I further agree that any designation, termination or change of beneficiary shall be binding upon Eastern Credit Union only if filed with the Credit Union prior to my death.* |
| **Member’s Signature** | **Witnessed By** | **Date** |

ECU Membership Application (Nomination Supplement) MR # 017 Revised May 2011