

**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/Init: \_\_\_\_\_ 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**