**CASTLEMILK CREDIT UNION**

**CHANGE OF BENEFICIARY FORM**

**PERSONAL BENEFICIARY DETAILS**

Member No. ORIGINAL BENEFICIARY

TITLE RELATIONSHIP (to member) (A member of the above credit union, hereby revoke all previous nominations and nominate the following person/persons)

SURNAME NEW BENEFICIARY

FIRST NAME RELATIONSHIP (to member)

MIDDLE NAME ADDRESS

D.O.B

ADDRESS

 TELEPHONE

TELEPHONE MEMBERS SIGNATURE

**OFFICIAL USE ONLY**

Witness signature

Authorised by

Date