

## NOMINATION FORM FOR PAYMENT OF FUNDS TO NEXT OF KIN ON THE DEATH OF A MEMBER

Please complete this form (using the notes provided at the foot of this page) and return to Scotwest Credit Union 13 Elmbank Street, Glasgow G2 4PB. If you have any queries, please contact the Member Enquiry Line on 0141 227 2390

				Men	nber Numb	er					
Member Name											
I HEREBY NOMINATE:											
(Name of Nominee)											
(Address of Nomine	e)	 	 				 	 			
				(	Postcod	e)					
whose date of birth	is	 	 								
whose relationship	to me is			to r	eceive	£_			or		_ %
(Name of Nominee)											
(Address of Nomine										_	
					(Postcoa	le)	 				
whose date of birth	's	 	 								
whose relationship t	o me is	 	 								
		 	 	to re	eceive	£_			or		_%
(Name of Nominee)											
(Address of Nomine											
					(Postcod					_	
whose date of birth	s	 	 								
whose relationship t	o me is	 	 								
				to re	eceive				or		
		 	 			£_	 	 	or	10	0%
Signature of Member					Date						
											REV0617

## IMPORTANT INFORMATION

In the event of your death, the details on this form will allow Scotwest to make a payment to your nominee(s)

- · You may nominate one or more persons to become entitled to your savings at the time of your death
- · Nominees can be under the age of 16, however funds will be paid out to a parent or guardian.
- · You can nominate up to £5,000. Any remaining funds will be paid to your executor

If your circumstances or wishes change please complete a new form.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 213616)