



NOMINATION FORM

This form authorises First Tech Credit Union to pay over a member's savings and insurance to their nominee(s) in the event of death of the member.

I, Name:

Account Number:

Of Address:

A member of the above credit union hereby

Nominate:

Of Address:

Phone Number:

Email:

Relationship of Nominee:

as the person to whom there shall be transferred on my death such property in the credit union as may be mine at the time of my death, whether in shares or otherwise not exceeding the limit of the amount for the time being authorised by law.

Signature: _____

Date:

Witness 1 Signature:* _____

Date:

Witness 2 Signature:* _____

Date:

*** The person you nominate may not witness your signature.**

OFFICE USE ONLY

Approved:

Date:
