

WDCU Change of Beneficiary Form

Room 15 City Hall, Norwich, Norfolk NR2 1NH

www.wherrydragon.org.uk



Please complete this form in **BLACK INK** and return to the Credit Union Office.

Last Name	Title Mr/Mrs/Ms/Miss/Other
First Name	Membership Number
Address	
	Postcode
Telephone No	N.I. Number
Mobile	DOB
E-Mail	
I agree to abide by the rules of the Credit Union	<input type="checkbox"/>
I declare that the information given is correct	<input type="checkbox"/>

I nominate the following person or persons as my new Nominated beneficiary to whom my savings and any Life Savings Coverage earned on my Wherry Dragon Credit Union Membership account will go to.

Last Name	Mr/Mrs/Ms/Miss/Other
First Name	Address of nominee
Postcode	Relationship of the nominee to the member
Telephone No	Your signature
Witness name	Witness signature
	Date

Last Name	Mr/Mrs/Ms/Miss/Other
First Name	Address of nominee
Postcode	Relationship of the nominee to the member
Telephone No	Your signature
Witness name	Witness signature
	Date

(The witness must not be the nominee)