AERO SERVICES CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
DESIGNATION OF BENEFICIARY FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

In the event of my death, I, _____ holder of account No. _____ hereby nominate the following as my beneficiary(ies) to receive monies accrued to me under the statutory provisions governing the operations of financial co-operatives in Trinidad and Tobago.

Beneficiary Name (1): _____

Address: _____

Relationship: _____ _#_____ Date of Birth: _____/_____/_____
[ ] National ID [ ] Driver's Licence DD MM YYYY
[ ] Passport

Birth Certificate PIN No: _____

Country of Issuance: _____ **Nationality:** _____ _____percent (%)

E-mail Address: _____ **Telephone No:** (H) _____ (W)_____ (M) _____

Beneficiary Name (2): _____

Address: _____

Relationship: _____ _#_____ Date of Birth: _____/_____/_____
[ ] National ID [ ] Driver's Licence DD MM YYYY
[ ] Passport

Birth Certificate PIN No: _____

Country of Issuance: _____ **Nationality:** _____ _____percent (%)

E-mail Address: _____ **Telephone No:** (H) _____ (W)_____ (M) _____

Beneficiary Name (3): _____

Address: _____

Relationship: _____ _#_____ Date of Birth: _____/_____/_____
[ ] National ID [ ] Driver's Licence DD MM YYYY
[ ] Passport

Birth Certificate PIN No: _____

Country of Issuance: _____ **Nationality:** _____ _____percent (%)

E-mail Address: _____ **Telephone No:** (H) _____ (W)_____ (M) _____

Beneficiary Name (4): _____

Address: _____

Relationship: _____ _#_____ Date of Birth: _____/_____/_____
[ ] National ID [ ] Driver's Licence DD MM YYYY
[ ] Passport

Birth Certificate PIN No: _____

Country of Issuance: _____ **Nationality:** _____ _____percent (%)

E-mail Address: _____ **Telephone No:** (H) _____ (W)_____ (M) _____

Revised 24th March, 2023

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I hereby reserve the right to change the designated beneficiary (ies). This Form supersedes all previous nominations made.

Member's Name: _____ Member's Signature: _____

OFFICIAL USE ONLY

Witnessed by:

ASCU Officer's Name: _____

ASCU Officer's Signature: _____

Date: _____ /_____ /_____
DD MM YYYY

ASCU Officer's Name: _____

ASCU Officer's Signature: _____

Date: _____ /_____ /_____
DD MM YYYY