



# Rainbow Saver Anglia Credit Union Ltd

## Form of Nomination

Full Name:

Membership  
Number :

In the event of my death, I nominate the following person(s), who will be given any property of mine held in the Rainbow Saver Anglia Credit Union at the time of my death, whether in shares or otherwise.

Name of  
Nominee:

Nominee's  
Address:

Post  
Code:

I would like the following nominees to receive equal shares in any property held by the Credit Union at my death.

Name of  
Nominee:

Nominee's  
Address:

Post  
Code:

Name of  
Nominee:

Nominee's  
Address:

Post  
Code:

Signature:

Date:

Witnessed  
by:

Date:

**Please note the witness must not be the nominee**