



**SECTION 1**  
**NOMINATION OF BENEFICIARY**

**PLEASE FILL OUT THIS FORM IN BLOCK LETTERS**

I \_\_\_\_\_ ACCOUNT NO:- \_\_\_\_\_

*Hereby nominate the following person(s) as beneficiary (ies) to my account. In the event of my death I am aware that the person (s) listed below shall be due monies in the sum of \$50,000.00 only representing a funeral grant. Any remaining funds accrued by myself in this society shall go to my estate and would only be released under Letters of Administration ( in accordance to section 41.3 of the Co-operatives Societies Act.*

*I acknowledge that in the event that my outstanding loans exceeds my total shares no such monies shall be released to the beneficiary(ies) nominated by this document.*

1 Name:- \_\_\_\_\_ ID/DP/PP:- \_\_\_\_\_  
Relationship:- \_\_\_\_\_

2 Name:- \_\_\_\_\_ ID/DP/PP:- \_\_\_\_\_  
Relationship:- \_\_\_\_\_

3 Name:- \_\_\_\_\_ ID/DP/PP:- \_\_\_\_\_  
Relationship:- \_\_\_\_\_

4 Name:- \_\_\_\_\_ ID/DP/PP:- \_\_\_\_\_  
Relationship:- \_\_\_\_\_

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**SECTION 2**  
**CHANGE OF BENEFICIARY**

1 Name:- \_\_\_\_\_ ID/DP/PP:- \_\_\_\_\_  
Relationship:- \_\_\_\_\_

2 Name:- \_\_\_\_\_ ID/DP/PP:- \_\_\_\_\_  
Relationship:- \_\_\_\_\_

3 Name:- \_\_\_\_\_ ID/DP/PP:- \_\_\_\_\_  
Relationship:- \_\_\_\_\_

4 Name:- \_\_\_\_\_ ID/DP/PP:- \_\_\_\_\_  
Relationship:- \_\_\_\_\_

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE