

LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY

BENEFICIARY FORM

Every member may nominate a beneficiary to receive any benefit payable under the co-operative on the death of the member. If there is some dispute involving the co-operative, this register can be used as evidence in court.

I----- Membership Number: LUB_____ hereby
nominate the following as my beneficiaries: -

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

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ID NUMBER:		CONTACT NO.	
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ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NOTE: Benefit Percentage should sum up to 100%

SIGNATURE: -----**DATE:** -----

WITNESS:

SIGNATURE: -----DATE: -----

FULL NAME: -----