

Kent Savers Credit Union 39-48 Marsham Street Maidstone Kent, ME14 1HH T 0333 321 9050 E info@kentsavers.co.uk W www.kentsavers.co.uk

Nominated Beneficiary(ies) for your Savings

We are required to hold details of your nominated beneficiary(ies) so that in the event of your death we can transfer the balance of your Shares Account to the person/people/organisation you state.

Please use this form if you are an existing member and would like to update your beneficiary(ies).

Our Personal Details itle: (Dr, Master, Miss, Mr, Mrs, Ms, Prof, Rev, Cllr, Capt)	Forename:
liddle Name(s):	Surname:
lember Number:	Email Address:
ddress:	
Address Line 1	
Address Line 2	
Locality	
Town/City	
County	
Postcode	
harity Nomination	
our beneficiary is an organisation (such as a	charity or Kent Savers) please state their details:
organisation Name:	



Organisation Address:			
Address Line 1			
Address Line 2			
Locality			
Town/City			
County			
Postcode			
Organisation Name:			
Company/Charity Number (if anni	coblo):	Droportion of Dove	ont (0/):
Company/Charity Number (if appli	cable):	Proportion of Paym	ent (%).
Organisation Address:			
Address Line 1			
Address Line 2			
Locality			
Town/City			
County			
Postcode			
ndividual Nomin	ation		
your beneficiary is an individual	(or individua	ls) please state their de	tails here, including their
ember number if they are an exis			
Relationship to Applicant: (Parent/ Gron/Daughter, Partner/ Spouse, Uncle/ Aunt, Ca	andparent, arer,	Beneficiary's Memb	per Number (if applicable):
rother/Sister, Other – please state)			("
itle:		Forename:	
/liddle Name(s):		Surname:	
an une mannerst			



Beneficiary's Addre	Jee.	
beneficiary's Addre	2 55.	
Address Line 1		
Address Line 2		
Locality		
Town/City		
County		
Postcode		
Brother/Sister, Other – ple	ase state)	Beneficiary's Member Number (if applicable):
Title:		Forename:
Middle Name(s):		Surname:
Middle Name(s):		Surname:
	nent (%)	Surname:
Middle Name(s): Proportion of Paym	nent (%)	Surname:
Proportion of Paym		Surname:
		Surname:
Proportion of Paym		Surname:
Proportion of Paym		Surname:
Proportion of Paym Beneficiary's Addre Address Line 1		Surname:
Proportion of Paym Beneficiary's Addre Address Line 1 Address Line 2		Surname:



Γitle:	Forename:
Tille.	Forename.
Middle Name(s):	Surname:
Proportion of Payment (%)	
D 6 - i 2 - A - I - I	
Beneficiary's Address:	
Address Line 1	
Address Line 2	
Locality	
Town/City	
County	
Postcode	
Confirmation	
n the event of my death, I wo	uld like the person(s) / charity(ies) I have indicated to be
considered beneficiaries.	