

## 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).*

### Your Personal Details

Title: (Dr, Master, Miss, Mr, Mrs, Ms, Prof, Rev, Cllr, Capt)

Forename:

Middle Name(s):

Surname:

Member Number:

Email Address:

Address:

Address Line 1		
Address Line 2		
Locality		
Town/City		
County		
Postcode		

### Charity Nomination

*If your beneficiary is an organisation (such as a charity or Kent Savers) please state their details:*

1

Organisation Name:

Company/Charity Number (if applicable):

Proportion of Payment (%):

Organisation Address:

Address Line 1		
Address Line 2		
Locality		
Town/City		
County		
Postcode		

2

Organisation Name:

Company/Charity Number (if applicable):

Proportion of Payment (%):

Organisation Address:

Address Line 1		
Address Line 2		
Locality		
Town/City		
County		
Postcode		

## Individual Nomination

*If your beneficiary is an **individual (or individuals)** please state their details here, including their member number if they are an existing member.*

1

Relationship to Applicant: (Parent/ Grandparent, Son/Daughter, Partner/ Spouse, Uncle/ Aunt, Carer, Brother/Sister, Other – please state)

Beneficiary's Member Number (if applicable):

Title:

Forename:

Middle Name(s):

Surname:

Proportion of Payment (%)

Beneficiary's Address:

Address Line 1	
Address Line 2	
Locality	
Town/City	
County	
Postcode	

2

Relationship to Applicant: (Parent/ Grandparent, Son/Daughter, Partner/ Spouse, Uncle/ Aunt, Carer, Brother/Sister, Other – please state)

Beneficiary's Member Number (if applicable):

Title:

Forename:

Middle Name(s):

Surname:

Proportion of Payment (%)

Beneficiary's Address:

Address Line 1	
Address Line 2	
Locality	
Town/City	
County	
Postcode	

**3** Relationship to Applicant: (Parent/ Grandparent, Son/Daughter, Partner/ Spouse, Uncle/ Aunt, Carer, Brother/Sister, Other – please state)

Beneficiary's Member Number (if applicable):

Title:

Forename:

Middle Name(s):

Surname:

Proportion of Payment (%)

Beneficiary's Address:

Address Line 1	
Address Line 2	
Locality	
Town/City	
County	
Postcode	

## Confirmation

**In the event of my death, I would like the person(s) / charity(ies) I have indicated to be considered beneficiaries.**

Name:

Signature:

Date: