

# Beneficiary Details

Name..... DOB.....

Account/Force/Civilian Payroll Number

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In the event of my death, I nominate the undermentioned person(s) as my beneficiary to receive any shares and all sums of monies paid under and by virtue of terms and conditions of the Life Assurance Plan of the Harp and Crown Credit Union. Life Assurance ceases on the 70<sup>th</sup> birthday of the account holder.

It is important that these details are regularly reviewed and updated should your circumstances change.

Beneficiary 1		Beneficiary 2 (if Applicable)	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Relationship to Member:	Share to Each: %	Relationship to Member:	Share to Each: %
DOB: / /	Mobile No:	DOB: / /	Mobile No:

Member Signature..... Date.....



**Office Opening Hours**

Monday - Friday 9.00am - 5.00pm  
Saturday - Closed  
Sunday - Closed



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Harp & Crown Credit Union Limited

Newforge Sports Complex, 18b Newforge Lane, Belfast BT9 5NW, Tel: 028 9068 5198 Email: [creditunion@harpandcrown.co.uk](mailto:creditunion@harpandcrown.co.uk)

[www.harpandcrown.co.uk](http://www.harpandcrown.co.uk)