

DESIGNATION OF BENEFICIARY

This designation only effective when delivered to and filed with the
Credit Union

Date _____

I, _____, being a member of the

St. Patrick's Co-operative Credit Union Ltd.

do hereby designate _____, relationship
(Name of beneficiary)

_____ of _____,
(Address)

as my beneficiary, to receive any and all sums of money that may become due and payable to me by the said Credit Union.

I hereby reserve the right to change the beneficiary herein designated. The execution by a subsequent Designation of Beneficiary form shall constitute a change of beneficiary.

Account Number _____ Signature _____

Witness _____

APPLICATION FOR MEMBERSHIP

I hereby make application for membership in and agree to conform to the rules and any amendments thereto of the
St. Patrick's Co-operative Credit Union Ltd.
MONTserrat

Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

Signature: _____

Recommended by: _____ Approved: _____

Admitted: _____ 20 _____

President