

WORKING FOR YOU



WORKING WITH YOU

**MEMBERSHIP FORM (I)**

(Please complete full name in block capitals and form in black ink only)

MR /MRS/ MISS \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PAYROLL NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FLAT No \_\_\_\_\_ POSTCODE \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE EMPLOYED: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ NAT INS NO: \_\_\_\_\_ NATIONALITY \_\_\_\_\_

TICK HERE IF A MEMBER PREVIOUSLY

I understand I will be asked to provide proof of identity and address to satisfy current Government anti-terrorist laws.

I hereby apply for membership of and agree to abide by the rules of the Credit union, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

NOMINATED BY: \_\_\_\_\_ C/U No \_\_\_\_\_  
Any current member

AS A MEMBER YOU WILL RECEIVE OUR FREE LIFE INSURANCE COVER  
\*\*\*PLEASE ADVISE US OF YOUR NOMINATED PERSON WHOM YOU WISH TO BENEFIT FROM THIS  
AND ANY SAVINGS YOU HAVE IN THE CREDIT UNION AT YOUR DEMISE \*\*\*  
THIS DOES NOT REPLACE THE NEED FOR A WILL. YOU SHOULD ALWAYS HAVE A WILL IN PLACE TO PROTECT YOUR FAMILY

**NEXT OF KIN NOMINATION FORM**

I (own name) \_\_\_\_\_ of (address) \_\_\_\_\_

As a member of the above Credit Union, hereby nominate the person named below as next of kin:-

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to me: Spouse  Partner  Parent  Son  Daughter  State if other: \_\_\_\_\_

As the person to whom there shall be transferred at the time of my decease, such monies in the Credit Union deemed mine by law or by rule to nominate, whether in shares or otherwise. In witness whereof this Form of nomination is subscribed by me at

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before this witness:  
Name of town or city

\_\_\_\_\_  
Signature of new member

**WITNESS:** \_\_\_\_\_ (Signature)  
**FULL NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**POSTCODE:** \_\_\_\_\_ ( ANY PERSON AGED OVER 18YRS WHO IS NOT THE NOMINEE CAN WITNESS)

\*YOUR NOMINATED PERSON IS ALSO ELIGIBLE TO BENEFIT FROM OUR FREE LIFE INSURANCE – YOU MAY ALTER THIS AT ANY TIME

YOUR STAFF WILL SEND YOUR MEMBERSHIP DETAILS WITHIN THE NEXT FEW DAYS

(The Transport Credit Union is the Trading Name of Scottish Transport Credit Union Ltd)