

## Beneficiary Form

Membership No	<input type="text"/>	Full Name	<input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>			
Town/City	<input type="text"/>	Post Code	<input type="text"/>	

*In the event of my death, I wish to nominate the following person to receive the balance of all my accounts after the addition of any Life Insurance payable and the repayment of any loans outstanding.*

Membership No*	<input type="text"/>	Full Name	<input type="text"/>	
<i>* If a member</i>				
Address	<input type="text"/>			
	<input type="text"/>			
Town/City	<input type="text"/>	Post Code	<input type="text"/>	
Signature	<input type="text"/>	Date	<input type="text"/>	
Witness	<input type="text"/>	Date	<input type="text"/>	

### Data Privacy Policy

We are committed to protecting our members' privacy. The credit union requires any information marked as mandatory for membership to either meet legal obligations or to enable us to perform our contract with you. Where you are not able to provide us with this information, we may not be able to open an account for you. Where we request further information about you not required for these reasons, we will ask you for your consent.

The above is a short extract from our Data Privacy statement. For full details on how we process the data you supply and your rights, please see our web page <http://www.cpcu.co.uk/content.asp?contenttype=Privacy> or ask us for a printed copy.