

NOMINATED BENEFICIARY FORM

Name:

ID No.: Membership No.:

Email Address:

Phone Number:

of Ramco Group Regulated Non-WDT Savings & Credit Co-operative Society Limited, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me to the person(s) named below.

I understand that I may alter the name of my nominated beneficiary by filling in a subsequent nominated beneficiary form.

(If more than 2 members are nominated, kindly specify % which MUST sum up to 100%)

Nominated Beneficiary(s)	Relationship	ID No.	Date of Birth	Phone Number	Percentage (%) Assigned

Applicant Name: Signature: Date:

Witness Name: Signature: Date:

This Declaration supersedes any other declaration of earlier date.

Dated this: Day of: Year: