

**St. Kitts
Credit**



**Co-operative
Union Limited**

P. O. Box 713, New Street, Basseterre, St. Kitts
Tel: (869) 465-2272 /9014 Fax: (869) 465-9296
E-mail: skccu@caribsurf.com

CHANGE OF BENEFICIARY FORM

I, the undersigned, hereby request that the name of my beneficiary for the purpose of entitlement to the St. Kitts Co-operative Credit Union benefit be changed

from _____
(Print name)

to _____
(Print name)

of _____

who is my _____
(Relationship of person (s) nominated)

Kindly update your records accordingly.

Signature of member

Account number _____

Address _____

Officer _____

Date _____

Posted by

Checked by