

DEATH BENEFIT NOMINATION

IN THE EVENT OF MY DEATH:

I, Mr/Mrs/Miss

of _____

Tel: _____

Email: _____

HEREBY NOMINATE:

Mr/Mrs/Miss

of _____

(please state nominee's relationship to you - if any) _____

to receive such benefit arising under the union's National Rules that may be due at my death.

Signed: _____

Date: _____

I HEREBY CANCEL ALL PREVIOUS NOMINATIONS:

Signed: _____

Date: _____

CWU Branch: **South East No. 5**

CWU Membership Number: _____

PLEASE READ THE FOLLOWING GUIDANCE NOTES:

- 1 A nomination is invalid unless it is registered at headquarters.
- 2 Once registered a nomination can only be revoked by a written notice sent to headquarters.
- 3 A nomination is not revoked by the presence of a will but is revoked by the marriage of a member of which the union has notice and by the death of a nominee.
- 4 If there is no nominee, spouse or next of kin, the death benefit will be disposed of by the union in accordance with the rules of the union or any prevailing legislation.
- 5 A nomination may not be in favour of an officer or employee of the union unless such nominee is a close relative.

THE FORM SHOULD THEN BE SENT TO:

Membership Department
The Business Centre
12 Chequers Road
Basingstoke
Hampshire
RG21 7PU