

# NOMINATION FORM

## ■ Important Note

- Both witnesses must be at least 21 years old and are not nominees themselves.
- The total share % for all nominees must be equal to 100%.
- You must sign against any amendments made in this form.
- Your form will be rejected if it is incomplete.

Full Name

NRIC/FIN No.

Date of Birth

## ■ **Nominees**

**1** Full Name  Relationship

NRIC/FIN/BC No.  Date of Birth  Shares %

**2** Full Name  Relationship

NRIC/FIN/BC No.  Date of Birth  Shares %

**3** Full Name  Relationship

NRIC/FIN/BC No.  Date of Birth  Shares %


In the event that any of my above nominees is below 21 years at the time of claim following my death, the person named below will act as a guardian for the minor(s).

Name of Guardian  NRIC/FIN No.

Email Address  Contact No.

## ■ **Acknowledgement**

- 1) I hereby nominate the person(s) named above to receive according to the shares set down against his/her name of all sums payable by AUPE Credit Co-operative Ltd (hereinafter referred to as ACC) on my death.
- 2) I acknowledge that the collection, use, disclosure and retention of my NRIC/FIN number and/or my family members' NRIC/FIN/BC numbers, as required in this form, is necessary to accurately establish our identities to a high degree of fidelity in relation to my nomination. I consent to be contacted by ACC via email, text messages, fax and/or post for matters relating to my nomination and other membership matters.
- 3) I further declare that the personal data pertaining to my nominees are true and correct and that these persons are aware of and consent to ACC managing their information for authorized purposes.
- 4) I understand that this nomination will be superseded by a subsequent nomination made by me.

 **SIGN HERE PLEASE!**

Signature of Member/Date

## ■ **Witnesses**

### **Witness 1**

Full Name

NRIC/FIN No.

Signature

### **Witness 2**

Full Name

NRIC/FIN No.

Signature

You may also complete this nomination form in the presence of our Customer Service Officers who can be your witnesses.

Staff Name & Signature

Processed Date

WhatsApp: 8511 5067

Email: [coop@aupe.org.sg](mailto:coop@aupe.org.sg)

Website: [www.aupe.org.sg/acc](http://www.aupe.org.sg/acc)