

Change of Beneficiary Request

Membership No (if known)					
Your Full Name				_	
Your Address					
Date of Birth					
Your Nominated E	Beneficiary				
-		=	-	ngs in your accoun our chosen charity	
Please provide det where applicable, t	-		-	gs, less any charity	donation
Name of Beneficiary					
Address of Benef	iciary				
Relationship to Beneficiary					
Charity Donation					
In the event of my on the charity of West Che		_	the savings held	d in my account to t	he chosen
Amount I wish to be donated OR			£		
Percentage of my savings I wish		n to be donated		%	
Signature			Date		