



BENEFICIARY NOMINATION FORM

MAILING ADDRESS: FHC Retirement Scheme | 20 Dominica Drive | Kingston 5 | Tel: 876-908-1502/876-906-5317 | Email: fhc.investments@fhccu.com

Kindly ensure that this form is completed in **CAPITAL LETTERS** and the requisite documents copied, verified and attached

MEMBER IDENTIFICATION

ACCOUNT#:	FIRST NAME:	LAST NAME:
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MEMBER NOTIFICATION BENEFICIARIES

FIRST NAME:		LAST NAME:		RELATIONSHIP:	
GENDER: MALE ☐ FEMALE ☐		BIRTH DATE: DD ____ MM ____ YYYY ____		TRN: _____	
				% SHARE: _____ %	
ADDRESS:			TEL#:		EMAIL:
TRUSTEE FIRST NAME:		TRUSTEE LAST NAME		RELATIONSHIP	
ADDRESS:			TEL#:		EMAIL:

FIRST NAME:		LAST NAME:		RELATIONSHIP:	
GENDER: MALE ☐ FEMALE ☐		BIRTH DATE: DD ____ MM ____ YYYY ____		TRN: _____	
				% SHARE: _____ %	
ADDRESS:			TEL#:		EMAIL:
TRUSTEE FIRST NAME:		TRUSTEE LAST NAME		RELATIONSHIP	
ADDRESS:			TEL#:		EMAIL:

FIRST NAME:		LAST NAME:		RELATIONSHIP:	
GENDER: MALE ☐ FEMALE ☐		BIRTH DATE: DD ____ MM ____ YYYY ____		TRN: _____	
				% SHARE: _____ %	
ADDRESS:			TEL#:		EMAIL:
TRUSTEE FIRST NAME:		TRUSTEE LAST NAME		RELATIONSHIP	
ADDRESS:			TEL#:		EMAIL:

* In the event that a named Beneficiary is a minor (under 18 years old), a Trustee must be appointed

MEMBER DECLARATION

My signature below confirms that:

- I appoint the person(s) listed in the “Member Nominated Beneficiaries” section to receive benefit payable from the Scheme upon my death as per the share proportion allocation. If no beneficiary is chosen or if a beneficiary predeceases me, my estate is entitled to the benefit payable. I understand that my nomination hereby revokes any prior nominations made, including under any earlier Wills or testamentary dispositions relating to my pension or other property held with the Scheme and that the Scheme will be under no obligation to make enquiries as to the existence or validity of any such document.
- The information presented in the above sections is correct and I understand that my nomination will become null and void if the information is incorrect, incomplete or misleading;

Member’s Signature: _____

Date: _____

Witness Name & Signature: _____

Date: _____

Witness Name & Signature: _____

Date: _____

I understand that FHC Investments Limited (FHCIL) collects and processes the personal data herein to provide financial services, manage risks and comply with legal and regulatory obligations; to communicate with me and provide customer service, and to share information about our products, services and promotional activities.

I further understand that my personal data may be shared within our corporate structure which includes First Heritage Co-operative Credit Union, its subsidiaries, associated and affiliated companies, as well as regulators and other third parties as defined in FHCIL’s Privacy Notice.

Details on how FHCIL processes personal information, who it is shared with, and data subject rights can be accessed at bit.ly/41oPkiZ or by scanning the QR code.

Get in touch with any concerns or queries at DPA@fhccu.com.



FHCIL Privacy Notice

Member’s Full Name: _____

Member’s Signature: _____

Date: _____

INTERNAL USE ONLY

Nomination data has been successfully extracted and posted into the Scheme’s database and verified:

Verifying Officer: _____

Date: _____