TPCU Form 2025/003
Amended by DJ
Effective: 2025/05/29

TRINTOC (PENAL) CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
Established 1954
90A Clarke Road, Penal 710424, Trinidad, West Indies
Tel: 270-7964/7966; 333-0605; 348-5584; 396-1122; email: info@trintocpenalcu.com; website: www.trintocpenalcu.com

BENEFICIARY DECLARATION FORM

MEMBER'S PERSONAL INFORMATION

Member's Name: _____
First Name Middle Name Surname

Account # _____ DOB: _____/_____/_____ ID/DP/PP #: _____ Gender M.☐ F☐
YY / MM / DD

Address: _____

_____

Telephone Nos. Home: _____ Mobile _____ E-mail (Personal) _____

BENEFICIARY INFORMATION

*In the event of death, I hereby appoint a beneficiary(ies) to receive a sum not exceeding **$50,000.00** in accordance with S.41(3) of the CSA & R.12 of the CSA Regs.*

Beneficiary #1.

_____ _____ _____
First Name Middle Name Surname

_____ _____ _____
Relationship to member Date of Birth National Identification (ID / DP/ PP)

Address of Beneficiary: _____

Contact No. _____ E-mail (Personal) _____ Occupation: _____

If the Beneficiary is a minor i.e. under the age of 18 and does not have a valid form of identification – the original Birth Certificate must be provided

Birth Certificate Pin No _____ Date of Birth _____/_____/_____
YY / MM / DD

Beneficiary #2.

_____ _____ _____
First Name Middle Name Surname

_____ _____ _____
Relationship to member Date of Birth National Identification (ID / DP/ PP)

Address of Beneficiary: _____

Contact No. _____ E-mail (Personal) _____ Occupation: _____

If the Beneficiary is a minor i.e. under the age of 18 and does not have a valid form of identification – the original Birth Certificate must be provided

Birth Certificate Pin No _____

Beneficiary #3.

_____ _____ _____
First Name Middle Name Surname

_____ _____ _____
Relationship to member Date of Birth National Identification (ID / DP/ PP)

Address of Beneficiary: _____

Contact No. _____ E-mail (Personal) _____ Occupation: _____

If the Beneficiary is a minor i.e. under the age of 18 and does not have a valid form of identification – the original Birth Certificate must be provided

Birth Certificate Pin No _____

Beneficiary #4.

_____ _____ _____
First Name Middle Name Surname

_____ _____ _____
Relationship to member Date of Birth National Identification (ID / DP/ PP)

Address of Beneficiary: _____

Contact No. _____ E-mail (Personal) _____ Occupation: _____

If the Beneficiary is a minor i.e. under the age of 18 and does not have a valid form of identification – the original Birth Certificate must be provided

Birth Certificate Pin No _____

Beneficiary #5.

_____ _____ _____
First Name Middle Name Surname

_____ _____ _____
Relationship to member Date of Birth National Identification (ID / DP/ PP)

Address of Beneficiary: _____

Contact No. _____ E-mail (Personal) _____ Occupation: _____

If the Beneficiary is a minor i.e. under the age of 18 and does not have a valid form of identification – the original Birth Certificate must be provided

Birth Certificate Pin No _____

DECLARATION:

THIS DECLARATION SUPERSEDES AND REPLACES ALL PREVIOUS DECLARATIONS MADE.

_____ _____ Date_____/_____/_____
Signature of Member Signature of Witness (Staff) YY / MM / DD

The Co-operative Societies Act Chapter 81:03 states " A society shall subject to section 30 and unless prevented by order of a court of competent jurisdiction pay to such nominee or legal personal representative, as the case may be, a sum not exceeding fifty thousand dollars ($50,000.00) due to the deceased member from the society. All other monies due to the deceased member from the society shall fall into his estate and be subject to all respects of the laws relating to inheritance including the requirements to pay estate duty."