



TECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

JOINT PARTNER / BENEFICIARY AMENDMENT

Member Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
          dd      mm      yyyy

JOINT PARTNER INFORMATION

REVOKE

Joint Partner Name \_\_\_\_\_

REMAIN AS IS

Existing Joint Partner Name \_\_\_\_\_

Joint Partner's Member Number: \_\_\_\_\_

Identification Type:    National ID                       Driver's Permit                       Passport Number

Identification Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  dd      mm      yyyy   dd      mm      yyyy

ADD

New Joint Partner \_\_\_\_\_

*For a new joint partner, please complete details overleaf.*

BENEFICIARY INFORMATION

REVOKE

Beneficiary Name \_\_\_\_\_

REMAIN AS IS

Existing Beneficiary Name \_\_\_\_\_

Identification Type:    National ID                       Driver's Permit                       Passport Number

Identification Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  dd      mm      yyyy   dd      mm      yyyy

ADD

New Beneficiary Name \_\_\_\_\_

*For a new beneficiary, please complete details overleaf.*

Member Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Member Name (Block) \_\_\_\_\_

Witness Name (Block) \_\_\_\_\_

Member Contact No. \_\_\_\_\_

Date: \_\_\_\_\_

**JOINT PARTNER AGREEMENT**

The joint partner has the authority to conduct share withdrawals and deposit transactions as authorized by the member. The joint partner must be 14 years and over and a member of TECU Credit Union.

\* I hereby authorize \_\_\_\_\_  
SURNAME FIRST OTHER  
to deposit/withdraw unencumbered shares to/ from my account with the Credit Union on an on-going basis. I hereby indemnify TECU Credit Union in respect of any transaction by my Joint Partner including the withdrawal of all unencumbered shares.

Home Address \_\_\_\_\_  
NO STREET CITY COUNTRY

Identification Type:  National ID  Driver's Permit  Passport Number

Identification Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy dd mm yyyy

Birth Certificate PIN: \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Mobile Phone No \_\_\_\_\_

\_\_\_\_\_  
Joint Partner's Signature Joint Partner's Member Number Date

\* I declare that to the best of my knowledge and belief, I am of sound mind and in good health. TECU Credit Union shall not be held liable for the actions of my joint partner with regards to my account.

\_\_\_\_\_  
Member to witness Joint Partner's Signature Date

**THIS SECTION IS TO BE COMPLETED WHERE THERE IS NOMINATION OF A BENEFICIARY (\$50,000.00 Payable on Death)**

Name \_\_\_\_\_  
SURNAME FIRST OTHER

Home Address \_\_\_\_\_  
NO STREET CITY COUNTRY

Identification Type:  National ID  Driver's Permit  Passport Number

Identification Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy dd mm yyyy

Birth Certificate PIN: \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Mobile Phone No \_\_\_\_\_

Relationship To Member: \_\_\_\_\_

\_\_\_\_\_  
Member's Signature Date

**STAFF TO WITNESS MEMBER'S SIGNATURE**

Signature \_\_\_\_\_ Staff (Block) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy

Supervisor's Signature \_\_\_\_\_ Supervisor (Block) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy

**FOR OFFICIAL USE ONLY**

Entered By \_\_\_\_\_ (Signature) \_\_\_\_\_ (BLOCK) Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy

Authorized By \_\_\_\_\_ (Signature) \_\_\_\_\_ (BLOCK) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy