KINGSTONW CO-OPERATIVE CREDIT UNION LTD

Death Benefit Plan

Registration Form

Granby Street, P.O. BOX 1533, Kingstown, St. Vincent
Tel: 784-457-2409 Fax: 784-456-2976

Please complete the following in block letters

PERSONAL

First Name ____

Other Name ____

Surname Name ____

Address ____

Mailing Address ____

Date of Birth ___________________________
DD / MM / YYYY

Age as of last birth ___________________________

Name to appear on certificate____

Nationality ________________________________

Marital Status Married Single Divorced Widowed Separated

Gender Male Female

Are you suffering from any terminal Ailment Yes No

If Yes, please state ____

EMPLOYMENT

Occupation ____

Name of Employer ____

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NOMINEE

In the event of death, I hereby nominate the following person(s) as beneficiaries of this plan:

(1)

Name ____

Address ____

Relationship____

Telephone _______________________

(2)

Name ____

Address ____

Relationship____

Telephone _______________________

(3)

Name ____

Address ____

Relationship____

Telephone _______________________

(4)

Name ____

Address ____

Relationship____

Telephone _______________________

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TERMS AND CONDITIONS

1. Every applicant must be a member of the Kingstown Co-operative Credit Union, and shall be:
   (a) Not younger than eighteen (18) years of age.
   (b) Shall not be in their sixty first year.
2. Participating members are required to save a minimum of three hundred dollars (EC$300.00) per annum in their share account, excluding the annual Death Benefit fee.
3. The annual fee of twenty-five dollars (EC$25.00) per member, shall be transferred from the member's share account by 31st January each year.
4. A member(s) with terminal ailment at the date of registration will not be accepted into the plan. A member who is just applying shall be asked to present a medical certificate.
5. Any member may terminate their membership of the plan by submitting written notice to the Board of Directors.
6. A minimum period of twelve (12) months paid membership in the Death Benefit Plan is required before you are eligible for the benefit.
7. The Death Benefit is EC$5,000.00, when it becomes payable, payments will be made to the named beneficiary (ies).
8. A claim must be filled out and supported by:
   - The death certificate
   - The deceased ID Card
   - The claimants' ID Card
   - The deceased passbook may also be required
9. The annual fees paid are non-refundable.
10. The Death Benefit may not be assigned as security to a loan.
11. All application for membership to the Death Benefit plan must be approved by the Board of Directors.
12. The Board of Directors reserves the right to change the above terms and conditions.

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Exclusions and Limitations

Benefits will not be honored if the member:

- Dies as a result of suicide.
- Dies as a result of drugs/substance abuse.
- Dies from injuries sustained while engaging in criminal activities.
- Dies as a result of natural disasters and civil commotion.
- The Board of Directors may dishonor a Death Benefit claim should a member die of AIDS within two years of joining the plan.

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DECLARATION

I hereby agree with the above terms and conditions and furthermore declare that the information given in this application is true and correct to the best of my knowledge and belief. I understand that failure to disclose information will deem this contract null and void and the Death Benefit will be dishonored.

Signature of member_________________________________

Date of Birth ___________________________
DD / MM / YYYY

Witness ________________________________

Date of Birth ___________________________
DD / MM / YYYY

Witness _________________________________

Date of Birth ___________________________
DD / MM / YYYY

FOR OFFICIAL USE ONLY

Account # ___________________________

Death Benefit # _______________________

Checked by __________________________

Date _________/_________/_________

DD MM YYYY

REGISTERED 1958