

FHC RETIREMENT SCHEME PENSIONER TRUSTEE NOMINATION FORM

Ensure that this form is completed in CAPITAL LETTERS.

NAME OF NOMINEE

FIRST NAME:

LAST NAME:

CONTACT INFORMATION OF THE NOMINEE/CANDIDATE

ADDRESS:

TEL:

EMAIL:

NAME OF NOMINATOR

FIRST NAME:

LAST NAME:

A/C# OR TRN:

SIGNATURE:

CONTACT INFORMATION OF THE NOMINATOR


ADDRESS:


TEL:

EMAIL:

DATED THE _____ DAY OF _____ 2024

Please submit to any branch of First Heritage Co-operative Credit Union Limited by Friday November 1, 2024

 876-908-1502

 fhcinvestmentadvisors@fhccu.com

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