



Nominee Appointment & Amendment

In the event of my death I nominate the person named below to receive the funds and any Bereavement Fund pay-out, from my Voyager Alliance Credit Union accounts;

Full Name:
Address:
Contact number:
Relationship:

Name:

Member number:

Signature:

Contact number:

Email address:

Date:

When completed please send to:

Voyager Alliance Credit Union
Hyde Road Depot
Ardwick
Manchester
M12 6JS