

S.V.U.T CO-OPERATIVE CREDIT UNION LTD

Retirement Saving Plan

APPLICATION TO PARTICIPATE

ID#

.....

PASSPORT#.....

1. I of hereby certify I am/am not a member of the SVUT Co-operative Credit Union Ltd.

2. Please tick appropriate box
() My Account number is () I have no Account number

3. I wish to participate in the SVUT Co-operative Credit Union Retirement Savings Plan.

4. (a) I wish to collect \$.....on my retirement which will be on
20..... and I am prepared to make the monthly payment of \$.....

(b) I wish to make a lump sum payment of \$.....to mature on

5. In the event of my death, I hereby authorized the society to pay the savings/interest to:

| Name | Address/Telephone | Percentage |
|-------|-------------------|------------|
| | | |
| | | |
| | | |

Signed Date.....

Witness 1.
2.