

APPOINTMENT OF NOMINEE / BENEFICIARY:

3. Name: _____ Rel. to Member: _____ DOB: ____ / ____ / ____

Address: _____

ID/DP/PP#: _____ Phone # _____ Cell #: _____ Percent _____

4. Name: _____ Rel. to Member: _____ DOB: ____ / ____ / ____

Address: _____

ID/DP/PP#: _____ Phone # _____ Cell #: _____ Percent _____

5. Name: _____ Rel. to Member: _____ DOB: ____ / ____ / ____

Address: _____

ID/DP/PP#: _____ Phone # _____ Cell #: _____ Percent _____

Domestic and Foreign Politically Exposed Person (PEP):

Regulations 20 of the Financial Obligation Regulations 2010 as amended by Regulation 19 of the Financial Obligation (Amendment) Regulations 2014)

Are You :

- a. A current or former senior official in the executive, legislative, administrative or judicial branch of a local or foreign government? Yes No
- b. A senior official of a major political party? Yes No
- c. A senior executive of a local and foreign government-owned commercial enterprise? Yes No
- d. A senior military official? Yes No
- e. An immediate family member of a person mentioned in paragraphs (a) to (d) above (spouse, parent, sibling, child or the parent, sibling or additional children of the person's spouse)? Yes No
- f. A close associate (socially or professionally) of a person mentioned in paragraph (a) to (d)? Yes No

If Yes, please provide details: _____

If any of the above from (a) to (d), please state period of service _____

F: APPLICABLE TO NON-RESIDENTS ONLY (Please attach certified copies of documents / references as required)

Name and Address of Foreign Financial Institution: _____

Telephone No. of Foreign Financial Institution: () _____

MEMBER'S DECLARATION:

I, _____, declare / confirm that the information provided to the Palo Seco Credit Union Co-operative Society Limited is true and correct to the best of my knowledge. I agree to adhere to the Bye-laws and rules governing the operations of Palo Seco Credit Union, to use the services of the Credit Union for valid purposes only and to refrain from using the services of the Credit Union for the purpose of Money Laundering and (or) Terrorist Financing and promise to inform Palo Seco Credit Union of any changes therein immediately.

Signature of Member _____ Credit Union Representative _____ / ____ / ____
yyyy mm dd

FOR OFFICIAL USE ONLY

UN 2253, FATF Recommendations for NCCT's & T'dad and T'bgo Consolidated List of Court Orders checked: Yes No

Compliance Officer Name _____ Compliance Officer Signature _____ / ____ / ____
YYYY MM DD