**DEATH BENEFIT NOMINATION FORM**



***IN THE EVENT OF MY DEATH:***

1. *Mr/Mrs/Miss of*

***HEREBY NOMINATE:***

*Mr/Mrs/Miss*

*of*

*(please state nominee’s relationship to you – if any)*

*to receive such benefit arising under the union’s National Rules that may be due at my death.*

*Signed:*

*Date:*

***I HEREBY CANCEL ALL PREVIOUS NOMINATIONS:***

*Signed:*

*Date:*

*CWU Branch:*

*CWU Membership Number:*

**PLEASE READ THE FOLLOWING GUIDANCE NOTES:**

1. A nomination is unvalid unless it is registered at headquarters.
2. Once registered a nomination can only be revoked by a written notice sent to headquarters.
3. A nomination is not revoked by the presence of a will but is revoked by the marriage of a member of which the union has notice and by the death of a nominee.
4. If there is no nominee, spouse or next of kin, the death benefit will be disposed of by the union in accordance with the rules of the union or any prevailing legislation.
5. A nomination may not be in favour of an officer or employee of the union unless such nominee is a close relative.

**BRANCH SECRETARIES SHOULD RECORD THE NECESSARY INFORMATION LOCALLY AND THE FORM WILL THEN BE SENT TO THE CWU HEADQUARTERS LONDON. PLEASE SEND THIS FORM TO:**

Gary Clark Branch Secretary

CWU Scotland No2 Branch

14 South St Andrews Street

Edinburgh

EH2 2AZ

Email:  bsec@cwuscot2.org

150 The Broadway, Wimbledon, London, SW19 1RX **T:** 020 8971 7200



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