

# DEATH BENEFIT NOMINATION FORM

## IN THE EVENT OF MY DEATH:

I 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 invalid 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 SHOULD THEN BE SENT TO:

Senior Deputy General Secretary  
CWU  
150 The Broadway  
Wimbledon  
London  
SW19 1RX