

GRUPA ARACHAIS NA MBUAN OGLAIGH (GANBO)

No: Name:
(First name) (Surname)

Unit:

(a) I hereby apply for membership of GANBO.

My date of birth is

(b) I hereby request and authorise the deduction from my pay of the contributions required under the provisions of the Scheme and the application of these amounts to the purposes of the Scheme.

(c) I hereby authorise any further deductions in respect of increases in the premiums relating to any further increases in benefits which may be decided from time to time.

(d) I hereby nominate:
(relationship if any)

First name: Surname:

Address:

as Beneficiary under the Scheme, but understand that my nomination is not legally binding on the Trustees of CAFNBO who are to administer the payment of benefits which would arise on my death, and I further understand that I may alter the name of the nominated beneficiary at any time.

(e) I have read and agree to be bound by the conditions printed overleaf.

Date: Signature

Date: Signature of Witness