

CUMANN ARACHAIS FEAR NA BUAN ÓGLAIGH

(Registered under the Friendly Societies Act 1896)

SPOUSE-MEMBERSHIP

1. I, No First Name Surname
Unit

being a member of Cumann Arachais Fear na Buan Óglaigh,

(a) hereby apply for spouse-membership of Cumann Arachais Fear na Buan Óglaigh in respect of my spouse,
..... Name(s)

(b) I hereby request and authorise the deduction from my pay of the contributions required under the provisions of the Society.

(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 understand that all contributions deducted from my pay will be refunded to me when I am no longer a member of the Permanent Defence Forces.

Date Signature of Member
..... Signature of Witness

NOMINATION OF BENEFICIARY BY SPOUSE-MEMBER

2. I, hereby nominate my
(First Name of Spouse-Member) (Surname) (relationship, if any)

First Name Surname

as the person to receive the whole of the money payable at my death under the rules of Cumann Arachais Fear na Buan Óglaigh.

My date of birth is
Date Signature of Spouse-Member
..... Signature of Member

