## GRUPA ARACHAIS CEILI NA MBUAN OGLAIGH (GACBO) SPOUSE GROUP SCHEME

1.

1.	No: Name:		
	(First name	е)	(Surname)
	Unit:		
(a)	I, being a member of GANBO hereby apply for membership of GACBO in respect of my spouse.  Name		
(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 on respect of increases in the premiums relating to any further increases in benefits which may be decided from time to time.		
(d)	I have read and agree to be bound by the conditions printed overleaf.		
	Date: Signatu	re of Member:	
	Signatu	re of Witness:	
	NOMINATION OF BEN	EFICIARY BY SPOUS	E
2.	I,	nereby nominate my	
	· ·		(relationship, if any)
	First name:	. Surname:	
	as the person to receive the whole of the money payable at my death under the Rules of GACBO, the Group		
	assurance Scheme for Spouses of Members of GANBO.	Spouses date of birth	is
	Date:	Signature of Spouse	
		Signature of Member	