

CUMANN ARACHAIS FEAR NA BUAN ÓGLAIGH
 (Registered under the Friendly Societies Act 1896)
COHABITING PARTNER MEMBERSHIP

I, No Name Unit
 (First Name) (Surname)

being a member of Cumann Arachais Fear na Buan Óglaigh,

(a) hereby apply for cohabiting partner membership of Cumann Arachais Fear na Buan Óglaigh in respect of my cohabiting partner;

.....
 (First Name(s)) (Surname)

- (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 subscriptions relating to any further increases in benefits which may be decided from time to time, but understand that my annual subscription may never be increased so as to exceed two-thirds of the total weekly rate of pay of a Corporal with less than three years service as provided for in Defence Forces Regulations S3.
- (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 Force.

Date: Signature of Member
 Signature of Witness

NOMINATION OF BENEFICIARY BY COHABITING PARTNER MEMBER

2. I, hereby nominate my
 (First Name) (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
 (Partners DOB)

Date: Signature of Cohabiting Partner Member
 Signature of Witness

Declaration on the reverse of this application form must be signed

Elected Partner Member

SUBSCRIPTIONS		
YEAR	€	c

DECLARATION OF STATUS

We, the undersigned, declare that:

- (a) we are both unmarried
- (b) we are legally free to marry each other
- (c) we are living together in a committed long-term relationship

We undertake to advise the society should any of the conditions outlined above change and understand that any such change invalidates Cohabiting Partner Membership.

We authorise the Society to make any inquiries deemed necessary to verify that these conditions are in place should any claim be made.

Date: Signature of Member
 Signature of Cohabiting Partner
 Signature of Witness

Witness No Rank Name Unit
 (Please Print Name)