



GRACE CO-OPERATIVE CREDIT UNION LIMITED (GCCU)



UPDATE OF MEMBER'S INFORMATION

(Kindly provide a copy of a valid, Government-issued identification when submitting this form
i.e. Passport, Driver's Licence or Voter's Identification Card)

Account No.:

TRN:

First Name: _____ Surname: _____

Middle Name(s): _____

Maiden Name: _____ Alias/Previous Name: _____

Date of Birth: _____ Place, Country of Birth: _____

Nationality: _____ Source of Funds: _____

Home Address: _____ Mailing Address: _____

N.B. Home Address Verified by: Recent Utility Bill in the name of Member Post-marked letter (3 months old or less) in Member's name sent to Member's Home Address Completed Grace Credit Union Character Reference and Address Verification Form (available at the Credit Union)

Time at Current Address: ___ Years ___ Months Personal Email: _____

Residential Status: Own Rent Other (Please specify): _____

Previous Address: _____

Cell Phone No.: _____ Home Phone No.: _____

EMPLOYMENT STATUS: Full-time Part-time Contract Seasonal Student Retired
 Unemployed Self-employed (state nature of business): _____

Name of Employer: _____ Employer's Address: _____

Occupation: _____ Dept/Employee No.: _____

Work Email: _____ Work Phone No.: _____

INFORMATION FOR REFERENCES (Referees will be Contacted).

You should have two References as a Credit Union Member. References can be obtained from any of the following persons (you can get a Reference Form from GCCU and have your Referee complete same):

- Grace Credit Union Board/Committee Member Grace Credit Union Employee (at supervisory level or above)
- Grace Credit Union Member for at least 2 years, in good standing Justice of the Peace (J.P.)/Notary Public
- Employer (H.R. Manager or higher) Manager of another Financial Institution where Member has an account in good standing (letter should state this) Minister of Religion Medical Doctor Attorney-at-Law School Principal
- Gazetted Police Officer (Inspector or above)

Name of Referee: _____

Address: _____

Occupation: _____ Contact No(s): _____

Name of Referee: _____

Address: _____

Occupation: _____ Contact No(s): _____

FOR OFFICIAL USE ONLY

Reference Verified? Yes No Comments _____

Reference Verified? Yes No Comments _____

GRACE CO-OPERATIVE CREDIT UNION LIMITED (GCCU)

POLITICALLY EXPOSED PERSONS

Do you, or any close family members (i.e. parents, siblings, children, spouse/common-law partner and/or in-laws, currently hold, or have ever held, a prominent public position (whether in Jamaica or any foreign country) such as **Head of State, Head of Opposition, Political Party Official, Member of Parliament, Senior Member of the Judiciary, Head of the Military or Police Force, Chief Executive Officer (CEO) of a Statutory Body/Government Corporation or Agency?**
 Yes No (If 'Yes', please explain): _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) INFORMATION

1. Are you a citizen of the United States of America (USA)? Yes No
2. Are you the holder of a United States Permanent Residency (Green Card)? Yes No
3. Are you considered to be a US Person for tax purposes? Yes No
4. Are you a citizen of any other country apart from Jamaica and the USA? Yes No
 (If "Yes", please state): _____

I, the undersigned, hereby confirm that the information provided above is true and correct. I authorise the **Credit Union** to verify all information provided herein.

Member's Signature: _____ Date: _____

Witnessed By (Name and Signature): _____ Date: _____

CHANGE OF BENEFICIARY

Changing Your Beneficiary? Yes No If 'Yes', please complete the section below:

I, _____ of _____, being a Member of Grace Co-operative Credit Union Limited, do hereby revoke any previous nomination made by me and do hereby nominate the following person(s), (none of them being an Officer or Servant of the Credit Union, unless such person is the Spouse, Father, Mother, Child, Brother, Sister, Nephew or Niece of me, the Nominator) to, or among whom shall be transferred my property in the Credit Union, whether in Shares, Deposits, Loans or otherwise, in such proportions as is set forth below opposite their respective names.

Name	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Proportion (%)

I further appoint the following persons as Trustees for the minor(s) nominated above until (s)he attains the age of eighteen (18) years. (The Trustees must be at least 18 years old at the time of appointment).

Name	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship

IN WITNESS THEREOF I have hereunto set my hand this _____ day of _____ 20____

Signature of Member making Nomination/Parent/Guardian: _____

1. Signature of Witness _____ Address _____
2. Signature of Witness _____ Address _____

I declare that the current Nomination was deposited with the Credit Union on _____

Signature of Secretary/Designate of Grace Co-operative Credit Union Ltd _____

FOR OFFICIAL USE ONLY

Amended by: _____ Checked by: _____ Date: _____