

Waterford Credit Union DBI 2 Cancellation Form



A/C No:

Name:

Address:

I hereby wish to cancel my Death Benefit Insurance (Opt out). Member's DBI cover ceases on the 31th of December _____.

I fully understand that once I OPT OUT of the DBI, that I CAN NOT rejoin at a later date and that I will not be covered for the DBI insurance of €3250, in the event of my death.

Member Signature _____ **Date** _____

Witnessed on behalf of Credit Union _____

For Office Use only

| | Date | Initials |
|------------------|------|----------|
| Scanned | | |
| Logged and Filed | | |