

Application Form

Public Service Credit Union Member Death Benefit Insurance Programme: OPT-IN Confirmation



Member Number:

Name:

Date of Birth:

Address:

Email Address:

Mobile Number:

I wish to opt-in/avail of the Member Death Benefit Insurance Programme as provided by Public Service Credit Union and arranged by CMutual Group Services (Ireland) Ltd.

I confirm that:

- I am a member of Public Service Credit Union and am eligible to join the Member Death Benefit Insurance Programme.
- I have read and understood the Key Facts & Policy Summary as provided to me.
- I will undertake to have sufficient funds in my credit union savings account to pay for the annual premium attaching to the provision of this insurance cover and my inclusion in the Programme.
- I understand that this is a Programme that will auto renew on an annual basis, and the attaching premium will be deducted from my credit union savings account on this basis.
- I am also aware that the benefits and costs of this Programme may be varied annually but I will be informed of any such changes or updates through Public Service Credit Union's AGM booklet, e-AGM booklet and from the website www.pscu.ie
- I understand that this Programme runs from 1st January to the 31st of December each year.
- Should I wish to opt-out or cancel my participation in the Member Death Benefit Insurance Policy, I will inform Public Service Credit Union in writing of my decision.
- My understanding is that my participation in the Programme will automatically stop should I cease to be a member of Public Service Credit Union or if there are insufficient funds in my account to cover the annual cost of my premium.
- I understand that the insurer can opt to terminate the Programme and cover at the end of each Programme period.

I confirm that the information I have provided to Public Service Credit Union is correct and I provide my consent to this information being shared with CMutual and its insurers, for the purpose of my membership of the Member Death Benefit Insurance Programme.

Signature:

Date:

I confirm that I authorise Public Service Credit Union to deduct the cost of my cover in the Programme (the premium), which I acknowledge may be reviewed and/or changed annually, from my credit union savings account. I understand that if there are insufficient funds in my account to pay the annual premium, then my membership of the Member Death Benefit Insurance Programme will lapse.

Signature:

Date:

For Office Use Only.

Received:

Checked:

Public Service Credit Union, St. Stephen's Green House, Earlsfort Terrace, Dublin 2, D02 PH42

Earl Place Office, Dublin 1, D01 P7K8

Ringsend Road Office, Dublin 4, D04 A718

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Public Service Credit Union Limited is regulated by the Central Bank of Ireland. Reg. No. 455CU