

**GRUPA ARACHAIS CEILI NA MBUAN OGLAIGH (GACBO SCHEME)
COHABITING PARTNER MEMBERSHIP**

1. No Name Unit

(First Name) (Surname)

I, being a member of GANBO hereby apply for membership of GACBO in respect of my cohabiting partner,

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

Name

(First Name) (Surname)

- (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 in 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: 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 GACBO, the Group assurance Scheme for Cohabiting Partners of Members of GANBO.

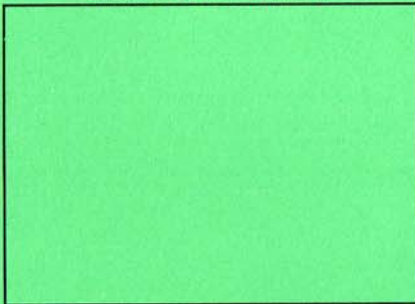
My date of birth is Signature of Cohabiting Partner

(Partners DOB)

Date: Signature of Witness

Declaration on the reverse of this application form must be signed

Elected Partner Member



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 Service No Rank Name Unit

(Please Print Name)