I …………………………………………………………….…………

Of …………………………………………………………….…………

 …………………………………………………………….…………

 …………………………………………………………….…………

Having ………………shares in Leasingham Community Benefit Society and fully understanding the options available wish that upon my death my shares to be disposed as follows:

**Surrender**

All shares to the Society

Shares to Society (*Insert number*)

 **Nominate**

All shares to one person

 Divide shares

Complete a separate box for each nominee. If shares are to be divided, include number of shares. Shares can be nominated to a person under the age of 16 years, but a trustee will need to be appointed until they reach 16. If under 16 please give date of birth and name and contact details of trustee

**Name of nominee:**

Address

Email

Telephone/mobile phone

 Number of Shares (if divided)

**Name of nominee:**

Address

Email

Telephone/mobile phone

 Number of Shares (if divided)

All shares to one person

 Divide shares

*Please add further sheets if required*

Please tick boxes, sign and date where indicated

I understand and accept the terms of the share offer

 I confirm nominee(s) 16 years or over

If under 16, date of birth and name and contact details of trustee provided

Signed ……………………………………………………………… Date …………………………………..

**Please send completed form(s) to:**

Membership at LCBS Ltd,

51, St John’s Close, Leasingham, Sleaford NG34 8LU