Appendix 1

APPLICATION FORM

Bermuda Credit Union Co-operative Society Deferred Share
Issue Series due 2029
PLEASE READ CAREFULLY BEOFRE COMPLETING THIS FORM

To: Bermuda Credit Union Co-operative Society (or the 'Co-operative")

Re: Invitation to subscribe for up to 3,500,000 share Issue in Bermuda Credit Union Co-operative Society in accordance with the terms and conditions of this Offering Document. I confirm that I have read and understood and hereby agree to be bound by the terms and conditions contained in the Prospectus, all of which are incorporated into this Application Form by reference.

I hereby apply for _____ Deferred Shares on and subject to the terms of the Offer set out in this Offering Document at the price of BD$1.00 per share and I either:

PLEASE TICK ONE OF THE FOLLOWING BOXES WHERE APPLICABLE

☐ Attach BD$ banker's draft drawn on a Bermudian commercial bank in the amount of BD$ _____
☐ Attach proof of my payment in the amount of BD$ _____

I agree to accept the above or a smaller subscription in respect to which this Application may be accepted, subject to the terms and conditions in this Offering Document and the constitution of the Bermuda Credit Union Co-operative Society**, by which I agree to be bound. I request you to issue to me the number of Deferred Shares that may be allocated to me at the close of the said invitation upon the terms and conditions governing applications, as set forth in the Offering Document. I hereby agree to accept the Deferred Shares that may be allocated and issued to me and for the value of the Deferred Shares allocated to be credited to an account in my name at the** Bermuda Credit Union Co-operative Society**.**
ALL FIELDS ARE RELEVNT AND MUST BE COMPLETED

Please indicate your Bermuda Credit Union Co-operative Society **Account Number Below**
I

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☐ **Individual Member**

Name of Account Holder (Primary Holder):

Title | Social Insurance Number | Citizenship | Email Address

SIGNATURE: _____ Date: _____

BENEFICIARY DETAILS:

1st Beneficiary

Full Name:

Occupation

2nd Beneficiary

Full Name:

Occupation

Signature of Primary Holder: _____