

# SERVING OFFICER NOMINATION

Force No:

Rank: .....

Home Address: .....

Full Name: .....

.....

Date of Birth:  /  /

.....

Station Tel: .....

Home Tel: .....

Mobile: .....

Email: .....

## NORFOLK POLICE FEDERATION GROUP INSURANCE SCHEME NOMINATION OF BENEFICIARY

I nominate the under mentioned person or persons to receive the benefits payable on my death under the Scheme. I understand that in exercising your discretion in the dispersal of the benefits you will not be bound by this expression of my wishes, but I request that you bear them in mind.

### FULL NAME AND ADDRESS OF NOMINEE(S)

.....  
.....  
.....  
.....

Signature: .....

(You will need to print this form to sign it)

Date:

**Once completed please return this form to:  
Norfolk Police Federation, Vox House, 43 Thorpe Road,  
Norwich NR1 1ES**

Proportion of Benefits: .....

Relationship to member: .....

