

SERVING OFFICER NOMINATION

Collar No:

Rank:

Home Address:

Full Name:

.....

Date of Birth: / /

.....

Station Tel:

Home Tel:

Mobile:

Email:

WEST MIDLANDS 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 OF NOMINEE(S) AND RELATIONSHIP

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Proportion of Benefits:

Signature:

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

Date: