

POLICE STAFF NOMINATION

Personal No:

WEST MIDLANDS POLICE FEDERATION SUPPORT STAFF GROUP INSURANCE SCHEME AUTHORITY FOR DEDUCTIONS AND NOMINATIONS OF BENEFICIARIES

Full Name:

Date of Birth:

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Home Address:

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Home Tel:

Mobile:

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In applying to become a member of the West Midland Police Federation Support Staff Group Insurance I hereby authorise deductions from my pay at the appropriate rate and 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 you bear them in mind.

FULL NAME OF NOMINEE(S) AND RELATIONSHIP

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Signature:

Date :

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