

RETIRED OFFICER NOMINATION

Pension No:

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

Full Name:

Date of Birth: / /

Home Address:

Home Tel:

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Mobile:

.....

Date of Retirement:

.....

Old Collar No.:

In applying to become a member of the West Midlands Police Federation Group Insurance, I hereby authorise deductions from my pension 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 to bear them in mind.

FULL NAME OF NOMINEE(S) AND RELATIONSHIP AND PROPORTION OF BENEFITS

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.....

Signature:

Date: / /

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