

## Group Insurance Scheme - Beneficiary Form

Retired Members Name: .....

Marital status: .....

Name of Next of Kin: (state relationship, ie spouse) .....

Next of Kin D.O.B .....  
.....

Next of Kin Address: (if different) .....  
.....  
.....

Dependants: (include name and date of birth) .....  
.....  
.....

Retired members Beneficiary Details: (in the event of your death **who do you wish** to receive the benefit i.e. spouse, children etc):  
.....  
.....

Signature: ..... Date: .....

**If you have spouse cover please ask your spouse to complete the below.**

Spouse Beneficiary Details: (in the event of your death **who do you wish** to receive the benefit i.e. spouse, children etc):  
.....  
.....

Signature: ..... Date: .....

---

THE ABOVE INFORMATION IS IMPORTANT

PLEASE ENSURE THAT THIS FORM IS RETURNED AS SOON AS POSSIBLE TO:  
THE POLICE FEDERATION OFFICE  
1 St David's Court, Windmill Road  
Kenn, Clevedon  
BS21 6UP