



DEVON AND CORNWALL POLICE FEDERATION INSURANCE SCHEME

To be completed by OFFICER: (This will update and void any previously submitted form)

Surname.....

Forenames.....

Address.....

.....

Post Code.....

Mobile Number.....Home Tel.....

Private E-Mail Address.....

Rank.....Collar Number.....

Payroll Number.....

I wish, on my death, the person(s) named below to receive the Police Federation Insurance Benefit under the Life Assurance Scheme (*BLOCK CAPITALS PLEASE*):

FULL NAME OF BENEFICIARY(S).....

FULL NAME OF BENEFICIARY(S).....

FULL NAME OF BENEFICIARY(S).....

ADDRESS (*If different from above*).....

.....

.....

Signature of Officer.....Date.....

**IT IS IMPERATIVE THAT YOU INFORM THE JOINT BRANCH BOARD
OF ANY CHANGE OF CIRCUMSTANCES**