|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Membership Status: | | Spouse / Partner of Member | | Force No. of Member:  Payroll No. of Member : | | | |
| Spouse/Partner Surname: | |  | Spouse/Partner  Date of Birth: | | |  | |
| Spouse/Partner  First Name/s: | |  | | | | | |
|  | | | | | | | |
| |  | | --- | | **% of Benefit** |   **I hereby authorise, in the event of my death, the payment of any benefits due under the Gwent Police Federation Group Insurance Scheme to the nominated person/s detailed below as beneficiary/beneficiaries:** | | | | | | | |
| Name: |  | | Date of Birth: | |  | |  |
| Address: |  | | Relationship: | |  | |  |

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| Name: |  | Date of Birth: |  |  |
| Address: |  | Relationship: |  |  |

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| Name: |  | Date of Birth: |  |  |
| Address: |  | Relationship: |  |  |

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| Name: |  | Date of Birth: |  |  |
| Address: |  | Relationship: |  |  |
|  |  |  |  | |
| Signed: |  | Date: |  | |
| \*If signing this form electronically, please type name in the above box and check this box  to confirm that you are digitally signing this form. | | | | |