|  |  |  |
| --- | --- | --- |
| Membership Status: | Spouse / Partner of Member  | Force No. of Member:       Payroll No. of Member :       |
| Spouse/Partner Surname: |       | Spouse/Partner Date of Birth: |       |
| Spouse/PartnerFirst 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: |       |       |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.  |