



## HERTFORDSHIRE Police Federation

### PERSONAL INSURANCE SCHEME - LIFE INSURANCE NOMINEE

#### Retired Members Policy

Dear Trustees

Please amend your records to show that with effect from **Date:** .....

I wish any benefits from the Group Life Insurance to be paid to:

**NAME of beneficiary**.....

**D.O.B.**.....

**Relationship to member**.....

**ADDRESS**.....

.....

.....

**EMAIL/Telephone**.....

**% or £** .....

\*Detail above the amount of benefit to be paid in %, if you would like to nominate more than 1 beneficiary then please list each one on a separate form

**Name**..... (Please print)

**Retirement Date**.....

**Address**.....

.....

.....

**Signature of member**.....

**PLEASE RETURN COMPLETED FORM TO JANE GETTINGS, MEMBERS SERVICES, HERTFORDSHIRE POLICE FEDERATION, c/o POLICE HEADQUARTERS, STANBOROUGH ROAD, WELWYN GARDEN CITY, HERTFORDSHIRE, AL8 6XF or Via Email: [jane.gettings@herts.police.uk](mailto:jane.gettings@herts.police.uk)**

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