Surrey Police Federation Group Life Insurance Scheme

Beneficiary Nomination Form (replaces any previous nomination)

Members of the Federation group life insurance scheme are requested to nominate the persons they wish to receive the money in the event of their death. Scheme trustees are not bound to follow the nomination, but will take it into account.

This form allows you to name the individuals that you would like to be your beneficiaries.

| Officer Name | | Date of Birth | Collar No |
|--|------------------------|-----------------------------------|--|
| Address | | | |
| In the event of my deat | h, my nominated ber | neficiaries are | |
| Name | Date of Birth | Relationship to Officer | Percentage of Benefit |
| | | | |
| | se/partner, please als | so complete the section | payment in the event of on below. It is acceptable |
| Spouse/Partner Name. | | Date o | of Birth |
| In the event of death of | spouse/partner (if in | sured), the nominated | d beneficiaries are |
| Name | Date of Birth | Relationship to Spouse/Partner | |
| | | | |
| Spouse/Partner signatu (Only required if spouse | | | Date |
| | OFFICER MUST SI | GN AND DATE BELO | OW |
| Officer's signature | | | Date |

The information supplied on this form will only be used for guidance of the trustees in the event of death. It may be stored electronically and by submitting the form you consent to this. The form is not part of any insurance policy or documentation. It is your responsibility to ensure that in the event of your circumstances or wishes changing, you keep the information up to date.