

WEST MERCIA POLICE FEDERATION
GROUP INSURANCE SCHEME
EXPRESSION OF WISH FORM



Member Details

Serving/Retired:

Collar/Former No:

Full Name:

Home Address:

Postcode:

Home Email:

Mobile Telephone:

Beneficiary Details

I understand that this request is not binding on the **Trustee**. In the event of my death, I would like the **Trustee** to consider making payment of lump sum death benefits and any repayments of additional contributions due under the Rules of the **Scheme** to the following:

Full Name	1.	2.
Relationship		
DOB		
Address		
Percentage		

Full Name	3.	4.
Relationship		
DOB		
Address		
Percentage		

This form cancels any previously submitted expression of my wishes. I understand that it is automatically revoked by marriage but not necessarily by divorce. I consent, for the purpose of the Data Protection Act 1998, to the above information being held and processed by the Trustee.

Please note: You may enter the name of more than one person and the percentage you wish to be given. If you have made a will setting out your wished regarding the disposal of your estate, you may use this form to indicate that you would like the Trustee to consider the terms of your will. In the event of any changes in your circumstances, it is your responsibility to ensure that any change in your wishes is made known by submitting a further form or by giving notice to this office.

Signature:
please print and sign

Date:

Once completed please return by email staff@wmpf.polfed.org
 or post United House, 1 De Salis Drive, Droitwich WR9 0QE