WEST MERCIA POLICE GROUP INSURANCE SCHEME EXPRESSION OF WISH FORM

MEMBER DETAILS

Signature:

Status: SERVING/RETIRED/STAFF		Rank & Collar No:	Rank & Collar No:		
Full Name:					
Home Addr	ess:				
Mobile No: Home Email:					
BENEFICIA	RY DETAILS				
setting out y Trustee to co	er the name of more than one per your wishes regarding the disposal consider the terms of your will. In t any change in your wishes is made	of your estate, you may use this he event of any changes in your of	form to indicate that you we circumstances, it is your resp	ould like the onsibility to	
	Full name	Relationship	Date of Birth	%	
CONTINGEN	NT BENEFICIARY DETAILS (in th	e event of no surviving primary beneficiaries)			
	Full name	Relationship	Date of Birth	%	
DECLARATIO	ON				
consider maki	that this request is not binding on ng payment of lump sum death be cheme as per the above.	-			
marriage but i	cels any previously submitted exponent necessarily by divorce. I conse eing held and processed by the Tr	nt, for the purpose of the Data P	-	-	

Date: