

POLICE STAFF NOMINATION

Personal No:

WEST MIDLANDS POLICE FEDERATION SUPPORT STAFF GROUP INSURANCE SCHEME AUTHORITY FOR DEDUCTIONS AND NOMINATIONS OF BENEFICIARIES

Full Name:

Date of Birth:

 / /

Home Address:

.....

Home Tel:

Mobile:

.....

.....

In applying to become a member of the West Midland Police Federation Support Staff Group Insurance I hereby authorise deductions from my pay at the appropriate rate and I nominate the under mentioned person or persons to receive the benefits payable on my death under the Scheme. I understand that in exercising your discretion in the dispersal of the benefits you will not be bound by this expression of my wishes, but I request you bear them in mind.

FULL NAME OF NOMINEE(S) AND RELATIONSHIP

.....

.....

.....

Signature:

(You will need to print this form to sign it)

Date :

 / /

Once completed please return this form to the Federation office.

Email: westmidlandspf@polfed.org

Post: West Midlands Police Federation, Guardians House, 2111 Coventry Road, Sheldon, Birmingham B26 3EA