

RETIRED OFFICER NOMINATION

Pension No:

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

Full Name:

Date of Birth: / /

Home Address:

Home Tel:

.....

Mobile:

.....

Date of Retirement:

Home Email:

Old Collar No.:

In applying to become a member of the West Midlands Police Federation Group Insurance, I hereby authorise deductions from my pension 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 to bear them in mind.

FULL NAME OF NOMINEE(S) AND RELATIONSHIP AND PROPORTION OF BENEFITS

.....

.....

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

