

**WILTSHIRE POLICE FEDERATION**

**INSURANCE SCHEME**

Nomination of Beneficiary Form

It is important that you notify us of the beneficiary whom you wish to receive benefits in the event of your death.

Please complete and return this form to the Federation office so that the Trustees of the scheme are aware of your wishes in the event of your death.

We should also be informed of any other changes in your

circumstances.

**BENEFICIARY NOMINATION**

In the event of my death whilst a member of the Federation

Insurance Scheme I hereby nominate

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the Trustees of the scheme may take into

account my nomination but cannot be bound by it.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: ………………………….. Date: ………………….

*Please complete and return to:*

*Federation Office, Wiltshire Police Headquarters,*

*London Road, Devizes, Wilts SN10 2DN*

*Or email to:* *polfed@wiltshire.police.uk*

*A copy of the above information will be retained by Wiltshire Police Branch Board for the length of time you are a member.*