

**AVON & SOMERSET
POLICE FEDERATION GROUP INSURANCE
BENEFICIARY FORM**

Name:

Collar No. :

Marital status:

Name of Next of Kin: (state relationship, ie spouse)

Next of Kin D.O.B

Next of Kin Address: (if different)

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Dependants: (include name and date of birth)

.....

.....

Officer Beneficiary Details: (in the event of your death **who do you wish** to receive the benefit i.e. spouse, children etc):

.....

.....

Signature: Date:

If you have spouse cover please ask your spouse to complete the below.

Spouse/Partner Beneficiary Details: (in the event of your death **who do you wish** to receive the benefit i.e. spouse, children etc):

.....

.....

Signature: Date:

PLEASE ENSURE THAT THIS FORM IS RETURNED TO:

**AVON & SOMERSET POLICE FEDERATION
1 St David's Court, Windmill Road
Kenn, Clevedon BS21 6UP**

Or via email: info.avonsom@polfed.org