



HERTFORDSHIRE Police Federation

PERSONAL INSURANCE SCHEME - LIFE INSURANCE NOMINEE

Retired Members Policy

Dear Trustees

Please amend your records to show that with effect from **Date:**

I wish any benefits from the Group Life Insurance to be paid to:

NAME of beneficiary.....

D.O.B......

Relationship to member.....

ADDRESS.....

.....

.....

EMAIL/Telephone.....

% or £

*Detail above the amount of benefit to be paid in %, if you would like to nominate more than 1 beneficiary then please list each one on a separate form

Name..... (Please print)

Retirement Date.....

Address.....

.....

.....

Signature of member.....

PLEASE RETURN COMPLETED FORM TO JANE GETTINGS, MEMBERS SERVICES, HERTFORDSHIRE POLICE FEDERATION, c/o POLICE HEADQUARTERS, STANBOROUGHROAD, WELWYN GARDEN CITY, HERTFORDSHIRE, AL8 6XF or Via Email: jane.gettings@herts.police.uk

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