

POLICE FEDERATION NATIONAL RETURN OF PREMIUM SCHEME

CLAIM AND REQUEST FORM

FOR WITHDRAWAL OR PREFERRED BENEFIT

This form should be completed and returned to:
Aviva Life, PO Box 520, Norwich, NR3 1BH
via The Police Federation of England and Wales

A MEMBER IS ENTITLED TO BENEFIT AS FOLLOWS:

PART A

WITHDRAWAL BENEFIT

is payable subject to 3 years' Membership of the Scheme when a Member

Please tick as applicable

- (1) voluntarily leaves Police service without pension,
- (2) withdraws from the Scheme whilst remaining in Police service,
- (3) is dismissed from Police service,
- (4) ceases to subscribe to the voluntary funds of the Police Federation.

1	
2	
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PREFERRED BENEFIT

is payable when a Member

- (5) reaches his 55th birthday whilst in Police service, (Have you applied for the extension of cover or continuation option after age 55 YES/NO - details available from your J.B.B Secretary.) (If required complete Part D or E)
- (6) retires on pension, or pension entitlement, if earlier,
- (7) is compulsorily retired on medical grounds.

CONTINUATION OPTION

- (8) Please confirm if you have sent Part E below.

INSTRUCTIONS

A Member of the Scheme who leaves the Force or who withdraws from the Scheme should:

- (1) Stop his/her Bankers' Order
- (2) Complete above and Part B (only) below and Part D and E if applicable.

This scheme is underwritten by Commercial Union Life Assurance Company Limited, a member of the Aviva Marketing Group Registered in England No. 79678 St Helens 1 Undershaft London EC3P 3DQ

PART B

To: - Commercial Union Life Assurance Company Limited

I,
(block capitals)

of
.....
(home address)

hereby claim WITHDRAWAL/PREFERRED* Benefit for the period
(*Please delete as appropriate-see first page)

from (Date of first entry into Scheme)

to (Date of leaving service or withdrawal from the Scheme)

in respect of Certificate Number B and I request
Commercial Union Life Assurance Company Limited to send me a cheque for the amount payable
in accordance with the rules of the scheme.

Date..... Signature

When Part A has been completed, this form should be passed to your J.B.B. Secretary who will complete Part C and forward to J.C.C. Office.

PART C

I confirm that the above is correct and that WITHDRAWAL/PREFERRED* Benefit applies.
(Please delete as appropriate)

Date..... Signature of J.B.B. Secretary.....

Immediately after completion please forward to J.C.C.

PART D

EXTENSION OF COVER

APPLICATION FOR EXTENSION TO COVER

Full Name

Rank

Force and Station

Present Certificate Number(s)

Total Number of Units held

Date at which you attain age 55

I hereby apply to extend my cover under the Police Federation National Scheme from age 55 to age 65

I confirm that Commercial Union may continue to charge to my account, by Direct Debit Standing Order a monthly premium of £ (i.e. £1 per unit) until further notice.

DateSignature.....

PART E

CONTINUATION OPTION

Although your insurance under the Scheme will cease on the day you leave service all Members claiming for reasons other than 2 and 4 above have 3 MONTHS' GRACE whereby they may purchase alternative cover for an equivalent sum assured WITHOUT EVIDENCE OF HEALTH being required.

For details please complete this section of the form and return it to the address indicated on page 1.

Name

Date of Birth

Home Address

Total Number of Units held to date