

Police Federation Group Insurance beneficiary update form

To be completed by the officer: (This will update and void any previously submitted form)

| | | |
|-----------------|----------------|------------|
| Surname: | Forenames: | |
| Warrant Number: | Telephone No: | |
| Home address: | | |
| | | Post Code: |
| Personal email: | Date of Birth: | |

I wish, upon my death, the person (s) named below to receive the Police Federation Insurance benefit, under the Life Insurance Scheme to be:

If more than 2 persons please continue of the back of this form.

| | | |
|-------------------------|-----------------------------|--|
| Surname: | Forenames: | |
| Address: | | |
| Post Code: | Date of Birth: | |
| Relationship to member: | % of life cover to receive: | |

| | | |
|-------------------------|-----------------------------|--|
| Surname: | Forenames: | |
| Address: | | |
| Post Code: | Date of Birth: | |
| Relationship to member: | % of life cover to receive: | |

| | |
|-----------------------|-------|
| Signature of Officer: | Date: |
|-----------------------|-------|

It is imperative that you inform the Police Federation of any changes of circumstances.