

# Dyfed Powys Police Federation

## Group Life Assurance Spouse / Co-habiting Partner Beneficiary Form

(Please complete in BLOCK CAPITALS)

Surname: \_\_\_\_\_

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

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

Name of member is: \_\_\_\_\_ Payroll Number: \_\_\_\_\_

**NOTE:** All lump sum benefits arising under the Scheme on the death of a member will be paid to such beneficiaries as the Trustees of the Scheme decide in accordance with the powers contained in the Trust Deed. A member may, however, express a wish as to who should benefit although this will in no way be binding. If you would like to do so please complete the box below. Beneficiaries are restricted to the Members, Spouse, Partner, Relatives or those who have in the opinion of the Trustees been dependant on or partly dependant upon the member/spouse/partner for support or maintenance.

**I hereby notify the Trustees of a change of beneficiary.** It is my wish that any benefits arising under the Scheme in the event of my death should be paid in the proportions and to the person/persons indicated below:-

Full Name & Address of Persons	Relationship	% of Benefit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that in exercising the discretion as to the disposal of the benefits the Trustees will not be bound by this expression of my wishes, but I request that it be borne in mind. I confirm that this expression of my wishes supersedes any previously made by me.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_