**Nottinghamshire Police Federation**

**1 North Lodge**

**Mansfield Road**

**Arnold**

**Nottinghamshire**

**NG5 8PN**

**Tel: 01158 445 981**

**Personal & Beneficiary Details Update**

Full Name ………………………………………………………DOB……………………………

Address ………………………………………………………………………………………….

………………………………………………………………………………………….

Post Code ………………………………………Email……………………….………………....

Telephone Number……………………………NI Number ……………………………………..

**If you pay extra for Spouse/Partner cover fill in below:**

Partner Full Name(if covered): …………………………………………………………………..

Partner DOB…………………………………………………………………………………

**Beneficiary details**

As a contributing member of the Nottinghamshire Police Federation Group Insurance Scheme wish the Trustees of that Scheme to know that, in the event of my death, any payment made as a result of a claim on the Life Insurance incorporated within that Scheme should be made payable to the following Beneficiary(ies).

* Where one beneficiary is named, I wish that they should receive the full amount.
* Where more than one beneficiary is named I indicate the percentages of the payment to each (please attach a separate sheet)

Name(s)………………………………………………………………………………………...

Address(s)……………………………………………………………………………………..

………………………………………………………………………………….

Relationship to member:……………………………………………………………………….

Signed (contributing member):…………………………………………..Date………………………………………………