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SUFFOLK POLICE FEDERATION GEORGE BURROWS GROUP INSURANCE SCHEME LIFE INSURANCE

PARTNER'S CHANGE OF BENEFICIARY

SURNAME	
FORENAMES	
Partner of:	Epaulette No:
YOUR EMAIL ADDRESS	
I wish to change my nomina	ted beneficiary to:
SURNAME	
FORENAMES	
ADDRESS	
NB: In the event of any claim, whilst any Nominated Beneficiary will be taken into account by the Trustees, they are not bound to do so, and may use their discretion.	
I UNDERSTAND THAT IT IS SOLELY MY RESPONSIBILITY TO NOTIFY THE JBB OFFICE OF ANY CHANGE OF CIRCUMSTANCES THAT MAY AFFECT THIS NOMINATION.	
Signadi	Doto
Signed:	Date:

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Suffolk Police Federation - "We are here when you need us most"
Represent Influence Negotiate
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