



Suffolk Police Federation
Suffolk Police Headquarters
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SUFFOLK POLICE FEDERATION
GEORGE BURROWS GROUP INSURANCE SCHEME
LIFE INSURANCE

CHANGE OF BENEFICIARY

Your details:

SURNAME.....FORENAMES.....

ADDRESS

RANK: EPAULETTE NO:

EMAIL ADDRESS

I wish to change my nominated beneficiary to:

NAME:

ADDRESS:

RELATIONSHIP TO INSURED:

EMAIL ADDRESS/TEL NUMBER:

NB: In the event of any claim, whilst any Nominated Beneficiary will be considered 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.

Signed: Date:

