



Suffolk Police Federation
Suffolk Police Headquarters
Portal Avenue
Martlesham Heath
Suffolk IP5 3QS
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**SUFFOLK POLICE FEDERATION
GROUP INSURANCE SCHEME
LIFE INSURANCE
CHANGE OF BENEFICIARY**

YOUR SURNAME.....FORENAMES.....

ADDRESS

RANK: EPAULETTE NO: EMAIL ADDRESS:

I wish to change my nominated beneficiary to:

Name:	Relationship to you:	Address:	Percentage:

Please note: If you decide to **nominate a child/children** as your beneficiary/ies, the Trustees will only pay the settlement into a **bank account or a trust fund in the child's name**. You must seek legal and/or financial advice to ensure this is set up and provide details, if necessary, of the 'nominee trustee', below. If this is not done, there will be a delay in paying the settlement. As in all cases, **the decision of the Trustees is final**.

- EMAIL ADDRESS/TEL NUMBER of beneficiary or of nominee trustee in the case of child beneficiaries:

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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 SUFFOLK FEDERATION OFFICE OF ANY CHANGE OF CIRCUMSTANCES THAT MAY AFFECT THIS NOMINATION.

Signed: Date: