

**SURREY POLICE**  
**LIFE ASSURANCE SCHEME**

**Notice of Members Death**

Name of Member: \_\_\_\_\_ Collar Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Spouse/Partner/Child:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Category of Member (please tick/delete as appropriate)**

a) Serving Officer	
b) Police Staff	
c) Retired Member under 60	
d) Retired Member - 60 to 64	
e) Retired Member - 65 to 69	
f) Spouse/Partner of a to e above	
g) Child of a or b above	

**Documentation required**

**Enclosed**

Original Death Certificate / Coroners Certificate	
Proof of Membership	

**Benefit Claimed**

Member Sum Insured	£
Spouse/Partner Sum Insured	£
Child Sum Insured	£

**We confirm that the deceased was a member of the scheme in accordance with the terms and conditions of the above Policy at the date of death and that the member's scheme benefit is as stated at the date of death.**

**FOR AND ON BEHALF OF THE TRUSTEES: -**

Date joined Police Insurance Scheme:	
Date of Retirement (if applicable):	
Signed:	Date:
Official Position:	

**Settlement of this claim will be made by electronic transfer to the Policyholder who is: -**

**The Trustees of the Surrey Police Federation Insurance Scheme**

<p><b><u>Trustees Bank Details:</u> -</b></p> <p><b>Bank Account Name:</b> _____</p> <p><b>Bank Account Number:</b> _____</p> <p><b>Bank Sort Code:</b> _____</p> <p><b>Bank Name:</b> _____</p> <p><b>Bank Address:</b> _____</p>
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