



**Group Insurance Scheme Beneficiary nomination form – OFFICER + PARTNER**

Members of the Federation group insurance scheme are requested to nominate the persons they wish to receive the money in the event of their death. Scheme trustees are not bound to follow the nomination but will take it into account.

This form allows you to name the individuals that you would like to be your beneficiaries.

Insured officer information	
Name	
DOB	
Warrant number	
Address	
Home email	

In the event of my death, my nominated beneficiaries are:

Beneficiary #1				
Name	Address	DOB	Relationship to you	% of benefit

Beneficiary #2				
Name	Address	DOB	Relationship to you	% of benefit

Beneficiary #3				
Name	Address	DOB	Relationship to you	% of benefit

Beneficiary #4				
Name	Address	DOB	Relationship to you	% of benefit

If applicable, please continue listing further beneficiaries on a separate piece of paper.

Officer Signature .....

Print name .....

Date .....

**Officer + partner subscription**

If you have an officer + partner subscription, this section of the form is for the partner to fill out.

Partner information	
Name	
DOB	
Address	
Home email	

In the event of my death, my nominated beneficiaries are:

Beneficiary #1				
Name	Address	DOB	Relationship to you	% of benefit

Beneficiary #2				
Name	Address	DOB	Relationship to you	% of benefit

Beneficiary #3				
Name	Address	DOB	Relationship to you	% of benefit

Beneficiary #4				
Name	Address	DOB	Relationship to you	% of benefit

If applicable, please continue listing further beneficiaries on a separate piece of paper.

Partner Signature .....

Print name .....

Date .....

Once you have completed the above please send it as follows:-

**POST:** Sussex Police Federation, Federation House, 7 Commerce Way, Lancing Business Park, BN15 8SW

**EMAIL:** admin@sussex.polfed.org

Please call us on 01273 443681 if you need assistance.

The information supplied on this form will only be used for guidance of the trustees in the event of death. It may be stored electronically and by submitting the form you consent to this. The form is not part of any insurance policy or documentation. It is your responsibility to ensure that in the event of your circumstances or wishes changing, you keep the information up to date.