

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 informat	ion			
	ion			
Name				
DOB				
Warrant number				
Address				
Home email				
In the event of my deat	h, my nominated beneficiarie	s are:		
Danafisiam, #4				
Beneficiary #1				
Name	Address	DOB	Relationship to you	% of benefit
Name	Addiess	505	to you	70 Of Bellene
Beneficiary #2				
Deficiency #2			Relationship	
Name	Address	DOB	to you	% of benefit
				L
Beneficiary #3				
			Relationship	
Name	Address	DOB	to you	% of benefit
	•		•	•

Beneficiary #4		1		<u> </u>
			Relationship	
Name	Address	DOB	to you	% of bene
		l	,	
If applicable, please	continue listing further benefi	ciaries on a separate	piece of paper.	
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nt name				
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ficer + partner sub	oscription			
•				
you have an officer + p	partner subscription, this section	of the form is for the	partner to fill out.	
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Beneficiary #2				
			Relationship	T
Name	Address	DOB	to you	% of benefit
	<u> </u>	<u> </u>		
Beneficiary #3				
			Relationship	
Name	Address	DOB	to you	% of benefit
Donoficion, #4				
Beneficiary #4			Relationship	
Name	Address	DOB	to you	% of benefit
f applicable, please co	ntinue listing further beneficia	aries on a separate ¡	piece of paper.	
Partner Signature				
Partner Signature				
Print name				

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.