WEST MERCIA POLICE GROUP INSURANCE SCHEME
EXPRESSION OF WISH FORM

MEMBER DETAILS

Status: RETIRED OFFICER Rank & Collar No:

Full Name:

Home Address:

Mobile No: Home Email:

BENEFICIARY DETAILS

You may enter the name of more than one person and the percentage you wish to be given. If you have made a will setting out your wishes regarding the disposal of your estate, you may use this form to indicate that you would like the Trustee to consider the terms of your will. In the event of any changes in your circumstances, it is your responsibility to ensure that any change in your wishes is made known by submitting a further form or by giving notice to this office.

Full name	Relationship	Date of Birth	%

CONTINGENT BENEFICIARY DETAILS *(in the event of no surviving primary beneficiaries)*

Full name	Relationship	Date of Birth	%

DECLARATION

I understand that this request is not binding on the **Trustee**. In the event of my death, I would like the **Trustee** to consider making payment of lump sum death benefits and any repayments of additional contributions due under the Rules of the **Scheme** as per the above.

This form cancels any previously submitted expression of my wishes. I understand that it is automatically revoked by marriage but not necessarily by divorce. I consent, for the purpose of the Data Protection Act 1998, to the above information being held and processed by the Trustee.

Signature: **Date:**

Please return completed form by email to staff@wmpf.polfed.org