

Group Life, Travel Benefit Scheme

Officers Name:

Marital status:

Name of Next of Kin: (state relationship, ie spouse)

Next of Kin D.O.B

Next of Kin Address: (if different)

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Dependants: (include name and date of birth)

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Officer Beneficiary Details: (in the event of your death **who do you wish** to receive the benefit i.e. spouse, children etc):

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If you have spouse cover please ask your spouse to complete the below.

Spouse Beneficiary Details: (in the event of your death **who do you wish** to receive the benefit i.e. spouse, children etc):

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Signature: Date:

THE ABOVE INFORMATION IS IMPORTANT

PLEASE ENSURE THAT THIS FORM IS RETURNED AS SOON AS POSSIBLE TO:
THE POLICE FEDERATION OFFICE
1 St David's Court, Windmill Road
Kenn, Clevedon
BS21 6UP