

**BENEFICIARY FORM**  
**SOUTH WALES POLICE JOINT BRANCH BOARD**  
**GROUP INSURANCE SCHEME**

**POLICE OFFICER / POLICE STAFF MEMBER /RETIRED MEMBER**

(Delete as applicable)

**SURNAME:** ..... **\*FORCE NUMBER:** .....

**\*POLICE STAFF NUMBER:** .....

**\*PENSION NUMBER:** .....

(\*Delete as applicable)

**FIRST NAME(S):** ..... **RANK/POSITION:** .....

**DATE OF BIRTH:** .....

**DATE OF JOINING FORCE:** .....

**DATE OF RETIREMENT:** .....

I hereby authorise, in the event of my death, the payment of any benefits due under the South Wales Police Joint Branch Board Group Insurance Scheme to the below named beneficiary/beneficiaries.

.....  
.....  
.....  
.....

**RELATIONSHIP:** .....

**SIGNED:** .....

**DATE:** .....

**N.B.** Members are reminded that if any change occurs in their personal circumstances and they are considering altering their named beneficiary/beneficiaries, they should immediately inform THE SECRETARY, POLICE FEDERATION OFFICE, 155 NEATH ROAD, BRITON FERRY, NEATH, SA11 2BX (in writing).