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| --- | --- | --- | --- |
| Membership Status: | Choose an item. | Choose an item. |       |
| Surname: |       | Date of Birth: |       |
| First Name/s: |       |
| Date of Joining Force: |       | Date of Retirement: |       |
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| **% of Benefit** |

**I hereby authorise, in the event of my death, the payment of any benefits due under the South Wales Police Federation Group Insurance Scheme to the nominated person/s detailed below as beneficiary/beneficiaries:** |
| Name: |       | Date of Birth: |       |       |
| Address: |       | Relationship: |       |       |

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| Name: |       | Date of Birth: |       |       |
| Address: |       | Relationship: |       |       |

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| Name: |       | Date of Birth: |       |       |
| Address: |       | Relationship: |       |       |

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| Name: |       | Date of Birth: |       |       |
| Address: |       | Relationship: |       |       |
|  |  |  |  |
| Signed: |       | Date: |       |
| \*If signing this form electronically, please type name in the above box and check this box [ ]  to confirm that you are digitally signing this form.  |