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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. | | | | |