



**Merseyside Police Federation
Group Insurance Scheme
Spouse Beneficiary Nomination form**



Please complete in block capitals

Full Name of Officer:

Force ID Number:

Partner/Spouse Name:

All lump sum benefits arising under the Scheme on the death of a member will be paid to such of his beneficiaries as the Trustee or Trustees of the Scheme decide in accordance with the powers contained in the Rules. A member may, however, express a wish as to who should benefit although this will in no way be binding. If you would like to do so you should complete the form and return it to the Federation.

THIS SECTION TO BE COMPLETED BY THE OFFICERS PARTNER

To: The Trustee (or Trustees) of the above-mentioned scheme.

It is my wish that any benefits arising under the above scheme in the event of my death, should be paid in the proportions and to the person or persons indicated below, being either:

a) Related to me as follows:

or

b) Financially dependant upon me

Full name and address of person(s)

Proportion of Benefits %

I understand that in exercising the discretion as to the disposal of the benefits the Trustees will not be bound by this expression of my wishes, but I request that it be borne in mind.

I confirm that this expression of my wishes supersede any previously made by me.

Date

Signature

Your Name

Address