

MEMBER 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:
(if known)

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.

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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, c/o Pencoed Police Station, Heol Y Groes, Pencoed, Bridgend, CF31 5PE (in writing).