

RETIRED MEMBERS SCOTTISH POLICE FEDERATION – LIFE ASSURANCE NOMINATION FORM

I hereby apply to become a member of the Scheme, and I agree to be bound by the rules governing the scheme so long as I remain a member.

PART A - RETIRED MEMBER

Full Name

Home address

Date of Birth Marital Status.....

Date of Retiral.....

Signature Date of Signing

Member's Home Number (Landline) Member's Mobile Number.....

Member's Email

Member's Nomination to the Trustees

I would like the under named to receive the benefit payable on my death

Full Name Relationship %

Full Name Relationship %

Full Name Relationship %

If further space is required, please mark this clearly and continue overleaf

I understand that in exercising your discretion that you will not be bound by this expression of my wishes, but I request that you bear them in mind.

PART B - SPOUSE/PARTNER OR CIVIL PARTNER OF MEMBER *

(To be completed only if the benefit is to be provided)

Spouse/PartnerName..... Date of Birth.....

Spouse/ Partner Nomination to the Trustees

I would like the under named to receive the benefit payable on my death

Full Name Relationship %

Full Name Relationship %

Full Name Relationship %

If further space is required, please mark this clearly and continue overleaf

I understand that in exercising your discretion that you will not be bound by this expression of my wishes, but I request that you bear them in mind.

Spouse/ Partner's Signature Date

* Partner means the person to whom the member of the associated policy is married or, if the member is not married, a person who is openly cohabiting with him or her and who has been so cohabiting for the 6 months' period prior to the date of their inclusion in the policy, and on whom such a member is financially interdependent.

Please tick this box if you do not want to receive further offers or information from the Scottish Police Federation.

Please return this form to:-

**Scottish Police Federation
5 Woodside Place
GLASGOW
G3 7QF**