

**DEATH BENEFIT SCHEME
MEMBERSHIP APPLICATION FORM**

I wish to apply for membership of the Scottish Police Federation Death Benefit Scheme.

- I authorise the Scheme to make arrangements for the subscription amount of £2.50 to be deducted directly from my pay in accordance with the rules of the fund.
- I understand and accept that from time to time the Board of Trustees may require to vary the amount of the subscription but that such proposals will be communicated to me in advance of any change.
- I agree to abide by the terms of the Fund's Rules with regard to membership conditions.
- I hereby nominate the undernamed as the beneficiary or beneficiaries of the proceeds of this scheme in the event of my death.

Full Name: _____ PSI Number: _____

Home Address: _____

_____ Postcode: _____

Beneficiaries

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

Full Name: _____ Relationship: _____ % _____

Full Name: _____ Relationship: _____ % _____

Full Name: _____ Relationship: _____ % _____

Signature: _____ **Date:** _____

Please visit www.spf.org.uk to view our privacy policies on how we process this data

Please return this form to : Scottish Police Federation
PO Box 27163
GLASGOW
G3 9EZ

Email : member.services@spf.org.uk

Tel : 0300 303 0027