

SCOTTISH POLICE FEDERATION
LIFE ASSURANCE SCHEME

Notice of Members Death

Name of Member: _____ PSI: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____

Name of Spouse/Partner/Child: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____

Category of Member (please tick/delete as appropriate)

a) Serving Officer	
b) SPF Staff	
c) Retired Member under 60	
d) Retired Member - 60 to 64	
e) Retired Member - 65 to 74	
f) Spouse/Partner of a, b, c, d or e above	
g) Child of a or b above	

Documentation required

Enclosed

Original Death Certificate / Coroners Certificate	
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Benefit Claimed

Have the premiums been continuous and is the premium fully paid to date? Yes / No

Member Sum Insured	£
Spouse/Partner Sum Insured	£
Child Sum Insured	£

**We confirm that the deceased was a member of the scheme in accordance with the terms and conditions of the above Policy at the date of death.
We also confirm that the member's scheme benefit is as stated at the date of death.**

FOR AND ON BEHALF OF THE TRUSTEES: -

Date joined Police Insurance Scheme:	
Date of Retirement (if applicable):	
Signed:	Date:
Official Position:	

Settlement of this claim will be made by electronic transfer to the Policyholder who is: -

The Trustees of the Scottish Police Federation Insurance Scheme

Trustees Bank Details: -

Bank Account Name: Trust Benefit Account

Bank Account Number: 20357432

Bank Sort Code: 60-83-01

Bank Name: Unity Trust Bank

Please return the completed form to: -

Philip Williams & Co
35 Walton Road
Stockton Health
Warrington
Cheshire
WA4 6NW