



Thames Valley Police Group Insurance Trust

In partnership with Thames Valley Police Federation

Group Insurance Scheme Member Beneficiary Form

PERSONAL INFORMATION

Name:		Shoulder Number:	
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In the event of my death I wish to nominate the following beneficiaries for all payments from the Group Insurance Scheme

Nominated Beneficiary 1

Name:		Date of Birth:	
Address:			
Relationship:		Percentage of Benefit	%

Nominated Beneficiary 2

Name:		Date of Birth:	
Address:			
Relationship:		Percentage of Benefit	%

Nominated Beneficiary 3

Name:		Date of Birth:	
Address:			
Relationship:		Percentage of Benefit	%

- If additional nominations are required please continue on a separate sheet.
- If you wish to change your beneficiary, at any time, you can download a form from www.tvpfed.org
- Please ensure that if your personal circumstances change, you keep us updated.
- Please return this form to the Deputy Secretary, Thames Valley Police Federation, 76 Wellington Street, Thame, Oxfordshire, OX9 3BN.

Signed:		Date:	
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