Thames Valley Police
Group Insurance Trust
In partnership with Thames Valley Police Federation

Group Insurance Scheme
Partner Beneficiary Form

PERSONAL INFORMATION			
Officer Name:		**Shoulder Number:**	
Partner Name:		**Partner DOB:**	

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.

Partner Signature:		Date:	