

LANCASHIRE POLICE RETIRED OFFICERS

Group Insurance Scheme

BENEFICIARY NOMINATION

Please complete in block capitals

FULL NAME

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DATE RETIRED

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All lump sum benefits arising under the Scheme on the death of a member will be paid to such of their beneficiaries as the Trustee or Trustees of the Scheme decide in accordance with the powers contained in the Rules. A member may, however, express a wish as to who should benefit although this will in no way be binding. If you would like to do so you should complete the form and return it to the Federation.

To: The Trustee (or Trustees) of the above-mentioned Scheme

It is my wish that any benefits arising under the above Scheme in the event of my death should be paid in the proportions and to the person or persons indicated below, being either:

a) related to me as follows:

or

b) financially dependent upon me

Full name and address of persons

Proportion of Benefits

%
%
%
%
%

I understand that in exercising the discretion as to the disposal of the benefits the Trustees will not be bound by this expression of my wishes, but I request that it be borne in mind.

I confirm that this expression of my wishes supersedes any previously made by me.

Date: ____ / ____ / ____

Signature

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Name

Address

Postcode

RS0582