**Beneficiary Nomination Details of**

**……………………………………………………………………………………………**

As a member of the Bedfordshire Police Federation Group Life Insurance Scheme, please provide details of the person(s) that you wish to receive the money in the event of your death. Scheme Trustees are not bound to follow the nomination, but will take it into account. It is your responsibility to keep your beneficiary information up to date. In the event of a change of circumstances, or a change in nominated beneficiaries, please complete a new form.

**If the beneficiary (ies) are under the age of 18, please select the preferred option for the benefit to be paid to their parent/guardian until they reach the age of 18, or for the benefit to be paid in to a child Trust until they reach 18.**

**Beneficiary Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship to Officer** | **Percentage of Benefit** | **Paid to parent if child under 18****Y/N** | **Paid in to Trust if child under 18****Y/N** |
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| **Officer Signature Date** |

**If your Spouse/Civil Partner/Partner has life insurance via your policy, can they please complete the below section**

Name of Spouse/Civil Partner/Partner:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship** | **Percentage of Benefit** | **Paid to parent if child under 18****Y/N** | **Paid in to Trust if child under 18****Y/N** |
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| **Signature Date** |