



PARTNER BENEFICIARY NOMINATIONS

Name:

Shoulder/Employee Number:

Role:

Name of Partner:

In the event of my death I wish to nominate the following as beneficiaries for all payments from the Partner 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:

(Partner)

Date: