

Cambridgeshire Police Federation Beneficiary Nomination Form

Please complete and return to: Cambridgeshire Police Federation Office, 1 Queen Street, Yaxley, Peterborough, PE7 3JE.

Surname:

Forenames:

Date of Birth:

Warrant Number:

Home Address:

I am a member of the Group Insurance Scheme administered through the Federation Office and I nominate the following person/s to be my beneficiary in respect of this insurance.

Beneficiary Full Name:

Date of Birth:

Home Address:

Beneficiary Full Name:

Date of Birth:

Home Address:

Beneficiary Full Name:

Date of Birth:

Home Address:

Signature.....Date.....

Payroll Number: