



**Group Insurance Scheme – Life Assurance Benefit Nomination Form.**

Surname ..... First Name(s): ..... Date of Birth: .....

Home Address: .....

Postcode: ..... Home Telephone: ..... Mobile: .....

Work email: ..... Home Email: .....

NI Number: ..... Payroll Number: .....

Rank: ..... Collar/Warrant Number: .....

I understand that the above information will be retained by West Yorkshire Joint Branch Board, for use in administrating the Group Insurance Scheme.

I refer to my membership of the West Yorkshire Police Federation Group Life Assurance Scheme and fully understand that the distribution of the death benefit is at the complete discretion of the Trustees.

However I would like to notify my wishes and request that consideration be given to the payment of the death benefit to the person/persons specified below.

Full Name (& DOB if under 18*)	Address & Contact Number	Relationship (e.g. Wife, Son etc.)	Percentage of benefit

**I understand that it is my responsibility to notify West Yorkshire Police Federation of any changes in my personal circumstances, which may affect my nomination(s). This form supersedes any earlier form(s) I may have completed in relation to the Group Insurance Scheme.**

SIGNATURE: ..... DATE: .....

\*If beneficiaries are under the age of 18, please complete page 2 in relation to Trustees.

**When completed, return to: JBB Secretary, West Yorkshire Police Federation Office  
3 Eastmoor Road, Wakefield, WF1 3RY**



**Nomination of Trustees for Child Beneficiary**

Please note that if a beneficiary is a child (under 18 years) at the time of the member’s death, there may be a requirement for the benefit to be put into “trust” until they attain the age of 18 years. If you are nominating person or persons under the age of 18 please provide the details of at least two relatives / friends (per child\*) that could act as Trustees in these circumstances. If no nominations are made or the nominated persons are unable to fulfil the role, West Yorkshire Police Federation will select Trustees who they consider will be appropriate for the role.

My nomination includes person(s) under the age of 18, I therefore wish to nominate the following relatives / friends to act as Trustees until the beneficiary attains the age of 18 years.

Childs Name	Nominated Trustees	Trustees Address / Contact Number	Relationship to member

\*The same Trustee(s) can act for more than one person, so the same Trustees could act for all beneficiaries.

( If you require additional space, please use a another copy of this form or continue on a plain piece of paper)

SIGNATURE: ..... DATE: .....

NAME (Print) .....

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