

NOTTINGHAMSHIRE CONSTABULARY DEATH GRANT FUND

NOMINATION FORM

RETIRED OFFICER MEMBER OF FUND

(Nottinghamshire Constabulary Death Grant Fund Rule 5)

PARTICULARS OF MEMBER

Surname _____

PLEASE All Forenames _____

PRINT Full Postal Address _____

CLEARLY _____

Postcode _____ Land Line Telephone Number _____

PARTICULARS OF FIRST BENEFICIARY

I hereby nominate the person whose name is set out below to be entitled to receive any monies from the Nottinghamshire Constabulary Death Grant Fund which may become payable upon my death.

FULL NAME _____

ADDRESS _____

POSTCODE _____ TELEPHONE NUMBER _____

RELATIONSHIP TO MEMBER _____

In the event of the First Named Beneficiary predeceasing me or not succeeding me by twenty eight days I instead nominate the Second Named Beneficiary to receive any monies from the fund which may become payable upon my death.

PARTICULARS OF SECOND BENEFICIARY

FULL NAME _____

ADDRESS _____

POSTCODE _____ TELEPHONE NUMBER _____

RELATIONSHIP TO MEMBER _____

This nomination replaces and supersedes any previous nomination made by me in respect of this fund. I understand that I can, at any time, alter or vary this nomination by sending written notification to the Secretary of the Fund.

Signature of Member _____ Date _____