

Life Insurance Nomination Form

Choose who receives the benefit of your plan

One of the many benefits of being a Police Mutual member is that you can nominate someone close to you to get a payout if you were to die. The person you nominate could automatically receive a total of up to £5,000 without filling in any extra forms.

Your nomination applies across all of your plans (except pensions and the Guaranteed ISA) and you only need to fill in this form if you want to change it or haven't already nominated someone.

Who receives your plan benefits?

If you die before the end of the payment term, we will pay the person you nominate the first £5,000 that is due from your Police Mutual life insurance and savings plans. For example, if you have the following plans:

Plan A £3,000

Plan B £4,000

Plan C £8,000

We would pay the first £5,000 to the nominee immediately. The remaining £10,000 would be paid to the estate and would be settled in due course. Please note that you cannot nominate a Police Mutual employee unless he/she is your wife, husband, parent, child, sister, brother, niece or nephew.

Changes in circumstances

If you need to cancel or change your nomination, please let us know. This nomination will automatically be cancelled if:

- you replace it with a new nomination
- you marry (even if you marry your nominee)
- · your nominee dies

Make a note of your nominee and the date you filled in this form here to keep for your records.

Nominee Date	_									
Date	_	_								

You should notify the nominee that they are named as a beneficiary under this plan, inform them that we are holding their personal information and direct them to our privacy policy which can be found on our website at www.policemutual.co.uk/about-us/privacy-policy/

Death benefit nomination form

- Please complete this form using ballpoint pen in BLOCK CAPITALS.
- Detach this form and send it to: Police Mutual Assurance Society Limited, Alexandra House, Queen Street, Lichfield, Staffordshire WS13 6QS.

Member details				Nominee details (Please note this information will be used fo									
Member no. if known					administration purposes only)								
Title	Mr	Mrs	Miss	Ms	Title	Mr	Mrs	Miss	Ms				
First name(s)					First name(s)								
Surname					Surname								
House name/number					House name/number								
Street name					Street name								
Town					Town								
County					County								
Postcode					Postcode								
DOB					DOB								
Force					Relationship to member								

I hereby nominate the beneficiary named above to receive any lump sum payable on my death, in respect of all life cover benefits. I understand that payment will be determined in accordance with the applicable terms and conditions and remains subject to the discretion vested in Police Mutual. This form supersedes any previous nomination I have made and relates to the first £5,000 of plan proceeds (or the whole of the proceeds if less)

Signed	Date	_	-		
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Guidance notes

Completing the nomination form

This form supersedes any previous nomination I have made and relates to the first £5,000 of plan proceeds (or the whole of the proceeds if less).

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