

**STAFFORDSHIRE POLICE
WIDOWS AND BENEVOLENT FUND
FRIENDLY SOCIETY**
(Regulated by the FCA)

Surname

Forename(s)

Date of Birth:

Date of joining Force:

I, (full name)

of (full address)

A member of the Staffordshire Police Widows and Benevolent Fund Friendly Society hereby nominate:

(Full Name(s))

(Address)

as the person to whom any sum of money payable by the Society on my decease, not exceeding the limit for the time being specified by law, shall be paid.

Date: Signed:

Witness: (full name) Signed:

of (full address)

Please return to:

Mrs Hilary Moss
Staffordshire Widows and Benevolent Fund,
Staffordshire Police
PO Box 3167
STAFFORD
ST18 0YY

Tel: [01543 491759](tel:01543491759)