



Scottish Fire and Rescue Service Group Life & Personal Accident Scheme Amendment Form Retired Members

FOR FINANCE DEPT. USE

Date form received in Finance Dept

I agree to be bound by the rules for the time being governing such a scheme so long as I remain a member. Please complete all relevant sections **USING BLOCK CAPITALS THROUGHOUT.**

Section A

Full name Date of birth (day, month, year)

Address

Postcode

Section B – Nomination to the Trustees of Benefit Selected (please tick to confirm)

Option 1 A single benefit of **£50,000** payable on my death/permanent disability*

I instruct that the undermentioned should receive the benefit that becomes payable on my death.

Beneficiary Full name Relationship to member Date of birth (day, month, year)

*Permanent disability is defined as permanent total disability following accident.

Option 2 A benefit of **£33,000** payable on my death/permanent disability* and a benefit of **£17,000** payable on the death/permanent disability of my spouse/partner

Full name of Spouse/partner Date of birth (day, month, year)

If **Option 2** has been chosen the benefits payable on the death of the member's spouse/partner will automatically be paid to the member.

Section C – Declaration

I satisfy the terms and conditions below.

I understand the above indication of my wishes will be used only as a guide to the Trustees when they exercise their discretion under the governing documents of the Scheme.

Signature of member Date

Specific Terms and Conditions

- Cover ceases at age 65 for retired members.
- Cover ceases at the earlier of the attainment of age 65 of the member or nominated spouse/partner.

Please send the completed form to:

Pauline Ballantyne
Scottish Fire & Rescue Service, Service Delivery Area West, Bothwell Road, Hamilton ML3 0EA.

Or if you have any queries please contact:

sfrs.grouplife@firescotland.gov.uk