

Area:		Area Ref No.	
Station			
From		Tel. Ext	
То	Payroll Manager HQ.	Date	
Subject: MERSEYSIDE POLICE FUNERAL SOCIETY PAYROLL DEDUCTIONS			
I authorise the Payroll Dept, Merseyside Police to deduct £2 per month from my pay in favour of the Merseyside Police Funeral Society until further notice.			
Signed			
Rank	Personnel Nu	ımber	

Merseyside Police Funeral Society (Regulated by the Financial Services Authority)

Reg No: 238F

The Merseyside Police Funeral Society, registered pursuant to the Friendly Societies Act.

(1) **NOMINATION**

I hereby nominate	.Relationship		
Of (Address)			
	Post Code		
to receive the money payable at my death under the Ru	les of the above named society.		
Signature of Applicant	.Force Number		
Signature of Witness	.Date		
Address of Witness	.Post Code		
REVOCATION			
I hereby revoke the above nomination:-			
Signature of Applicant	.Force Number		
Signature of Witness	.Date		
Address of Witness	.Post Code		
(2) <u>VARIATIO</u>	<u>ON</u>		
I hereby vary the above nomination as follows:-			
I hereby nominate	Relationship		
Of (Address)			
	Post Code		
to receive the money payable at my death as aforesaid.			
Signature	.DOB		
Personnel NumberCollar Number			
Signature of Witness	Date		
Address of Witness	Post Code		

One person ONLY may be nominated to receive benefit.

No commissions paid. Copy of the Society's Rule Book is available on request A copy of this proposal form will be forwarded to you.

PLEASE COMPLETE FORM IN BLOCK CAPITALS

Forward the Nomination form and 104 to Merseyside Police Funeral Society Room 2/28 HQ.