

**THE POLICE ASSOCIATION (VICTORIA) BENEFIT FUND – DEATH BENEFIT NOMINATION FORM**  
**YOUR DETAILS ONLY**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

SECOND NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ VPT NO. (Recruit) or REGISTERED NO. \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE NUMBERS: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

WORK EMAIL: \_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_

**DEATH BENEFIT NOMINEE DETAILS**

(Please state whether nominee is your husband, wife, partner, parent, sibling, child - must be over 18 years – to whom your death benefit is payable under the Rules of the above-mentioned Fund. This nomination shall remain effective unless it is revoked or varied by me under my hand similarly sent or delivered to the Secretary of the Fund.)

**FIRST NOMINEE:** \_\_\_\_\_ **Percentage of**  
NOMINEE'S NAME: \_\_\_\_\_ Benefit \_\_\_\_\_ %

DATE OF BIRTH: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TEL: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Mob) \_\_\_\_\_

**SECOND NOMINEE:** \_\_\_\_\_ **Percentage of**  
NOMINEE'S NAME: \_\_\_\_\_ Benefit \_\_\_\_\_ %

DATE OF BIRTH: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TEL: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Mob) \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

.....  
Signature

.....  
Date

.....  
Witnessed by  
(Nominee cannot witness this nomination)