

DEATH BENEFIT NOMINATION FORM

Please complete this form in BLOCK CAPITALS if you wish to nominate any individual(s) to receive your 6 month death benefit which is payable in the event of your death. We recommend you also keep a copy of this form for your records. Please ensure that you have signed and dated this form before returning it to:

British Friendly Society Ltd

1 Trevor Street, Bedford MK40 2AB

Section A - Your details

Full name:

Address:

Membership/policy number:

Section B - Your nomination(s)

Use the below form to nominate the recipient(s) of the 6 month death benefit payable in the event of your death.

Name:	Address:	Relationship (if any):	Proportion of lump sum (%):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Total 100%

Section C - Signatures

Member's name:

Signature:

Date:

Witness's name:

Signature:

Date:

British Friendly Society Limited

Registered Office:

45 Bromham Road, Bedford MK40 2AA

Telephone:

01234 358344

Web:

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