



London Ambulance Service
Benevolent Fund

LONDON AMBULANCE SERVICE BENEVOLENT FUND
DEATH BENEFIT NOMINATION

I.....
(Name in Block letters)

Hereby Nominate
(Name in Full)

Of

relationship to member.....

to receive on my decease my Death Benefit payable from the funds of the
LONDON AMBULANCE SERVICE BENEVOLENT FUND

DATE.....

Members Signature..... Witnessed by (Signature).....

Address..... Address.....

.....

