DEATH BENEFIT NOMINATION

I ……………………………………………………………………………………………………….

(Name in Block letters)

Hereby Nominate …………………………………………………………………………………….

(Name in Full)

Of (Address) …………………………………………………………………………………………….

………………………………………………………………………… Postcode ……………………..

Relationship to member …………………………………………………………………………………

To receive on my decease my Death Benefit payable from the funds of the

LONDON AMBULANCE SERVICE BENEVOLENT FUNS

DATE ………………………………

Members signature …………………………. Witnessed by (signature)……………………….

Address…………………………..………….. Address………………………………………….

…………………………………….………… …………………………………………………..

………………………………………………. …………………………………………………..