

**The Insurance Charities
On-line Potential Beneficiary Application**

Personal information:

Title:..... First name(s):.....

Surname:..... Date of birth:.....

Marital status:..... Address:.....

..... Post code:.....

Telephone: (daytime)(evening)

Email address:.....

Dependants details:

Name of spouse/partner: Date of birth:.....

Child(ren)'s name:..... Date of birth:.....

Child(ren)'s name:..... Date of birth:.....

Child(ren)'s name:..... Date of birth:.....

Insurance Service:

Is application based on applicant's service? Yes/No (delete)

Employer:.....dates of service:.....

Employer address:.....

Employee/Pensioner reference no:.....

Brief details of why application is being made:.....

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When completed, send to Insurance Charities 20 Aldermanbury London EC2V 7HY,

Email to info@theinsurancecharities.org.uk or fax to: 020 7600 1170