

**The Insurance Charities**

**On-line Potential Beneficiary Application**

**Personal information:**

Title: ..... Christian name(s): .....

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

Address: .....

.....

.....

Post code: .....

Telephone: Daytime: (.....) .....

Evening: (.....) .....

Marital status: .....

**Dependants details:**

**Spouse/Partner:** Christian name(s):.....

Date of birth: ...../...../.....

**Children:**

Christian name(s): ..... Date of birth: ...../...../.....

Christian name(s): ..... Date of birth: ...../...../.....

Christian name(s): ..... Date of birth: ...../...../.....

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

(If No, please confirm name of person on whose service application is based)

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**Details of Insurance Service:**

Employer: .....

Employer address: .....

Dates of service: .....

Employee/Pensioner reference no: .....

Brief details of reason why application is being made:

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Please send this form, when completed, to:

The Insurance Charities, 20 Aldermanbury, London EC2V 7HY or fax to: 020 7600 1170