

SUSSEX POLICE
**Charitable
 Trusts**

DEATH BENEFIT SCHEME

*Last Name:	
*First Name:	
*Address:	
Division:	
*Date of Birth:	
*Please note that I wish the under mentioned person(s) to receive the benefit payable on my death	
	% of Benefit

I hereby apply to become a member of the Scheme and authorise deductions in accordance with the current rules:

Sussex Police Charitable Trust: (*police officers tick this box)
 Sussex Police Staff Charitable Trust: (*police staff tick this box)

Signed:	Dated:
Warrant/Employee Number:	SAP Number:

Please send completed forms to:
 The Sussex Police Charitable Trusts, Sussex Police Headquarters,
 Malling House, Church Lane, Lewes, East Sussex, BN7 2DZ