



Devon Ambulance Staff Benevolent Fund

AMBULANCE PEOPLE HELPING AMBULANCE PEOPLE

dasbf

Website: www.dasbf.co.uk

BENEFICIARY FORM

Members Details

Title: Mr / Miss / Mrs / Ms (please circle)

Surname: _____ **Forename(s):** _____

Home Address: _____

_____ **Post code:** _____

Date of Birth: __ / __ / ____ **Pay No:** _____

Home Phone: _____ **Mobile:** _____

In the event of my Death in Service, I hereby authorize the Devon Ambulance Staff Benevolent Fund to pay the sum of £3000 to the beneficiary named below. If no beneficiary is listed the payment will be made to the Next of Kin.

Beneficiary Details

Title: Mr / Miss / Mrs / Ms / (please circle)

Surname: _____ **Forename(s):** _____

Home Address: _____

_____ **Post code:** _____

Home Phone: _____ **Mobile:** _____

Relationship: Husband / Wife / Brother / Sister / Carer / Other (_____) (please circle)

Please return the completed form to Steve Marshall DASBF 30 Frobisher Green Chelston Torquay TQ2 6JH.

Signed: _____ **Date:** __ / __ / ____