

# Apply to Join

Please fill in the following or apply online at [www.wmpben.co.uk](http://www.wmpben.co.uk)

I authorise the Police Authority to make deductions from my pay each month.

**Full Name:**

**Address:**

**Postcode:**

**Telephone Number:**

**Email:**

**Collar Number or staff ID number:**

**Date of Birth:**

**Date of joining West Midlands Police:**

I nominate the person or people below to receive any benefits payable on my death. Please state how your benefits should be divided if there is more than one beneficiary.

**Nominee 1** %

**Nominee 2** %

**Please give us the name of advising adult below if beneficiary is under 18.**

**Name:**

**Signature:**

**Date:**



**West Midlands Police**  
Benevolent Fund

**Please return this form to:** West Midlands Police Benevolent Fund, Guardians House, 2111 Coventry Road, Sheldon, Birmingham B26 3EA.  
**Or you can return it via the Force's internal post.**