

VOLUNTARY FUNDS



I authorise the following funds to be deducted on a monthly basis from my salary:

		<u>Office Use Only</u>
POLICE FEDERATION – JOINT BRANCH BOARD FUND Subscription (New Recruits £5.42 Yr 1, £10.79 Yr 2, Yr 3 £21.58) £21.58	YES / NO	7690
NOTTINGHAMSHIRE POLICE SPORTS CLUB Subscription £2.50	YES / NO	8710
NOTTINGHAMSHIRE POLICE SPORTS & SOCIAL CLUB LOTTERY Tickets £2.17	YES / NO	8710
NOTTINGHAMSHIRE CONSTABULARY RETIREMENT FUND Rate of £0.25, paid on retirement of subscribing member	YES / NO	9120
NOTTINGHAMSHIRE CONSTABULARY DEATH BENEFIT FUND Paid on the death of a subscribing member only, at a rate of one hour's pay of lowest rate Constable.	YES/NO	9130
NOTTINGHAMSHIRE CONSTABULARY DEATH GRANT FUND Rate of £0.50, in accordance with rules, paid on the death of a subscribing member only.	YES / NO	9140
ST. GEORGE'S FUND (POLICE ORPHANS) Subscription £1.50 Student Officer (First 12 months FREE): Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please inform your family that you have decided to contribute to St George's Police Children Trust, so that they can access support should they require it.</i>	YES / NO	9180
NOTTINGHAMSHIRE CONSTABULARY BENEVOLENT FUND Subscription £0.96 Student Officer (First 2 years FREE): Yes <input type="checkbox"/> No <input type="checkbox"/>	YES / NO	9190
NORTHERN POLICE CONVALESCENT HOME FUND Subscription £7.80 Student Officer (First 12 months FREE): Yes <input type="checkbox"/> No <input type="checkbox"/>	YES / NO	9200
CARE OF POLICE SURVIVORS – COPS Charitable donation 30p per month unless another amount is stated. £-----	YES / NO	9220

I hereby authorise the Notts PCC/Chief Constable, until further notice, to make deductions from my pay at the weekly rate set out in the Police Federation Rules, on behalf of the local and national funds of the Police Federation of which I am a voluntary contributing member.

YOU ARE ADVISED THAT FOR EASE OF ADMINISTRATION AND IN ORDER TO KEEP COSTS DOWN, THESE MEMBERSHIP DETAILS SUPPLIED BY YOU WILL BE HELD ON A COMPUTER.

Full name:	Number:
Date of Birth:	Pay No:
Signature:	Date:
Station:	New Recruit / Transferee *Delete as applicable
GROUP INSURANCE YES / NO (*Delete as applicable)	

IMPORTANT PLEASE FILL IN:- My next of kin / beneficiary

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