



Trinidad & Tobago Police Retirees Association

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Patron: Commissioner of Police

Vision

“To be a vibrant, inclusive association providing for the enrichment and wellbeing of our members”

CHANGE OF BENEFICIARY FORM

I I.D. # REG. No.

Address

Phone # Nos. (HOME) (CELL)

Email Address

Date of Birth / / is requesting a change of my Beneficiary. I am now nominating

Relationship -----

I.D. # Address

.....

Phone # (HOME) (CELL)

OTHER

ESTATE

.....
Signature of Member

.....
Date

NB: Please make every effort to fill out this form and return it to the Association’s office as early as possible. This is **very important** so as to eliminate problems with the payment of the benefit to ***your*** designated beneficiary. You can also insert your Email address in the space provided on the form.

Mission

“To provide care and support to our members to enrich their lives through volunteerism, respect, camaraderie and integrity as they pursue their social and financial needs and well-being”