



Trinidad & Tobago Police Retirees Association

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“Patron: Commissioner of Police”

VISION

“to participate in activities designed to stimulate
The mental and physical well-being of 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.