



NACO Death Grant Nomination Form

Notes:

1. This form should only be used by members in the following membership categories: Full Membership, Part Time, Unity Membership, Individual Representation Only, and Contract Membership. Including those on maternity/paternity leave & long term sick leave.
2. If you want your spouse or civil partner to receive 100% of your death grant you do not need to complete this form, they will automatically receive it.
3. Any previous nominations will be cancelled in favour of this one; any amendments will require a new form to be submitted.
4. You can nominate up to 2 people to receive the grant. Please inform us of any change of address of your nominee(s).
5. If you nominate 2 people to receive the grant they will each receive 50%.
6. An individual nomination will not be valid if, at the time of your death:
 - the nominee has died
 - the nominee is convicted of your murder or manslaughter
7. NACO will attempt to pay the death grant as soon as is practicably possible.
8. Please return this form by post to:

**NACO National Office
6a Clarendon Square
Hyde
Cheshire
SK14 2QZ**



Your Details

Title: _____

First Name: _____

Surname: _____

Address: _____

Postcode: _____

Date of Birth: _____

NACO
Membership No.: _____

Nominee Details

Nominee 1

Title: _____

First Name: _____

Surname: _____

Address: _____

Postcode: _____

Date of Birth: _____

Relationship to
member (if any): _____



Nominee 2 (optional)

Title: _____

First Name: _____

Surname: _____

Address: _____

Postcode: _____

Date of Birth: _____

Relationship to
member (if any): _____

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