



The Fire Brigades Union  
**ACCIDENT & INJURY FUND - APPLICATION FOR MEMBERSHIP**

Bradley House, 68 Coombe Road, Kingston Upon Thames, Surrey, KT2 7AE  
Tel: 020 8541 1765 Fax: 020 8546 5187

Please use **BLOCK CAPITALS** where appropriate

Brigade/FRS																								
Payroll or FBU Membership Number											(application form MUST have one of these numbers)													
Surname																								
Forename(s)																								
Address																								
																Postcode								
Have you ever been a member of the FBU Accident and Injury Fund?											Y	<input type="checkbox"/>											N	<input type="checkbox"/>

**NOMINATIONS:** The law allows a certain amount of Union Member death benefit to be paid out to nominated persons (over the age of 16) immediately following the member's death. The remainder of the benefit is paid (in accordance with Will or Intestacy rules) when probate, or equivalent, has been granted. Please note that marriage revokes all nominations. It is advisable to periodically review the nominations to account for changes in circumstances.

I hereby nominate the following persons to receive death benefits as allowed by law:

Full Name																					
Address																					
																Postcode					
Relationship to applicant (e.g. partner), and share of benefit payment																	%				
Full Name																					
Address																					
																Postcode					
Relationship to applicant, and share of benefit payment																	%				
Full Name																					
Address																					
																Postcode					
Relationship to applicant, and share of benefit payment																	%				
Full Name																					
Address																					
																Postcode					
Relationship to applicant, and share of benefit payment																	%				

(If nominating more than four persons, please use the Variation of Nomination form and attach)

I am, or have applied to be, an Ordinary member of the Fire Brigades Union, and wish to become a member of the Accident and Injury Fund. I understand that it is my responsibility to be familiar with the FBU Rule(s) that govern(s) the Fund.

Signature & Date (DD,MM,YYYY) \_\_\_\_\_