

**RAF Form 7230 (FLYSHEET)**

(Revised Jan 13)

(To be retained by the applicant)

**Royal Air Force Dependants Fund**

Registered Charity No. 253492

Station Welfare Facility, RAF Brize Norton, Carterton, Oxon, OX18 3LX

Tel: 01993 896608 (95461 6608) Email: stuart.turnbull@rafbf.org.uk

1. Subscription to the Fund becomes effective when the attached form has been received by the Fund. The constitution and rules of the Fund are outlined in AP3392 Vol 2 Leaflet 2405.
2. Subscription to the Fund will continue until your retirement or release from the Service except in the following circumstances:
  - a) Voluntary withdrawal from the Fund.
  - b) Periods of loan service or unpaid leave unless you make private arrangements to pay the Fund direct.
  - c) Any illegal absence.
3. Subscription to RAF Dependants Fund entitles personnel to apply for membership of the RAF Dependants (Income) Trust (see AP3392 Vol 2 Leaflet 2406).
4. If you marry, or enter into a civil partnership, after joining the Fund, the Trustees will assume that you wish your wife/husband/civil partner to be your nominated beneficiary. If, however, you wish a person other than your wife/husband/civil partner to remain or become your nominated beneficiary you should notify the Manager of the Fund through your OC PSF using RAF Form 7233. All other changes of nominated beneficiary should also be notified to the Manager of the Fund, using RAF Form 7233, IMMEDIATELY they occur.

# THE ROYAL AIR FORCE DEPENDANTS FUND – APPLICATION/NOTICE OF VOLUNTARY WITHDRAWAL

Registered Charity No. 253492

RAF FORM 7230

(Revised Jan 13)

## Section 1 (to be completed by the applicant in block capitals)

Originating Unit

Rank	Initials	Surname	Date of Birth

Service Number							

NOTE: If this is an initial application complete part **A**. If this is a voluntary withdrawal complete part **B**.

**A.** I wish to subscribe to the RAF Dependants Fund and agree to be bound by the rules of that Fund (AP3392 Vol 2 Lft 2405 refers).

I nominate the following as my beneficiary:

Name and address of a responsible adult if beneficiary is under 18:

SURNAME

FORENAMES

ADDRESS

RELATIONSHIP

I authorise the subscription to be charged to my pay account. ☐

I consent to the information disclosed on this form being processed and maintained in compliance with the Data Protection Act 1998 for the purpose of assisting my beneficiaries in the event of my death. ☐

**B.** I wish to stop my subscription to the Fund. ☐

Signature  Date

Please return this form to: **Station Welfare Facility, RAF Brize Norton, Carterton, Oxon, OX18 3LX**