

Police Benevolent Fund Application Form

The Benevolent Fund aims to afford relief by granting financial assistance to a sworn, serving or former member or the dependant(s) of a sworn serving or former member who is/are in necessitous circumstances.

Note: No relief shall be given to a sworn serving or former member or the dependant(s) of a sworn serving or former member wherein the necessitous circumstances have arisen through the misconduct of such sworn serving or former member or dependant(s) of such member.

Personal Details

Full name and address of the sworn serving or former member and dependant(s):

Your name	Name of spouse
Postal Address	Postal Address
Suburb	Suburb
State	State
Postcode	Postcode
Telephone (home)	Telephone (home)
Mobile	Mobile
Email	Email
Date of birth (Day/Month/Year)/	Date of birth (Day/Month/Year)//
Registered number:	
Date joined:/	Date exited:/
Manner of exiting:	
Retired	
Resigned	
Medically discharged	
Other	
Amount requesting: \$	



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Name of dependant	Name of dependant
Postal Address	Postal Address
Suburb	Suburb
State	State
Postcode	Postcode
Telephone (home)	Telephone (home)
Mobile	Mobile
Email	Email
Date of birth (Day/Month/Year)/	Date of birth (Day/Month/Year)//
Please provide details of the financial assistance you are seeking:	
Are you, your spouse or dependants covered by insurance or comp	
List details of cash or other assets on hand and held by you, your partne	
Do you have any entitlement to any other form of relief and assistance	e from any other organisation?
Describe your working capacity and that of your spouse or partner:	
Is there any other supporting information on which NSW Police Legac	cy may be entitled to rely in making its decision regarding this request?