



# Account closure

Please close the following benefit account:

**Number of the benefit account**      A \_\_\_\_\_

**Account holder**

Last name, first name \_\_\_\_\_

Street and no. \_\_\_\_\_

Zip code and town/city \_\_\_\_\_

**Closure as of** \_\_\_\_\_

**Please transfer this amount to the following account:**

(Note: The holder of the benefit account and the account to which the transfer is made must be identical! In the case of a partner or joint account, exact account details are required.)

**Account holder** \_\_\_\_\_

IBAN \_\_\_\_\_

BIC \_\_\_\_\_

Financial institution \_\_\_\_\_

Branch and town/city \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Send to: AXA Leben AG, Debt Collection Individual Life, P.O. Box 300, 8401 Winterthur  
or via email to [services.el@axa.ch](mailto:services.el@axa.ch)