



# Account closure

**Please close the following benefit account:**

**Number of the benefit account**

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**Account holder**

Last name, first name

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Street and no.

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Zip code and town/city

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**Closure as of**

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

(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**

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IBAN

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BIC

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Financial institution

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Branch and town/city

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or

AXA contract number

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Date

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Signature

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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)