

Change of beneficiary

Contract no. /

Employer Name and place

Insured person

Last name First name Insured person number

Street address

Declaration by the insured person

I have read and understood the «Summary sheet on changes in beneficiaries of death lump sums»

and designate the following persons as my beneficiaries in the event of my death before I reach retirement age:

Beneficiaries

Last name First name Date of birth

Street address

Relationship to the beneficiary

Portion of the death lump sum (in % or as fraction)

Last name First name Date of birth

Street address

Relationship to the beneficiary

Portion of the death lump sum (in % or as fraction)

Last name First name Date of birth

Street address

Relationship to the beneficiary

Portion of the death lump sum (in % or as fraction)

Last name First name Date of birth

Street address

Relationship to the beneficiary

Portion of the death lump sum (in % or as fraction)

With this declaration I revoke all previous changes in beneficiary status that I made under the contract number indicated above.

I am aware that the validity of this special order of beneficiaries is based on the date of the death and not on the current situation, i.e. the current regulatory and statutory provisions.

I undertake to inform AXA about all changes in my civil status and about any other changes that can influence my entitlement.

Date

Signature of the insured person