



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 benefi-
ciary status that I made under the contract number indicated
above.

I am aware that the validity of this special order of beneficia-
ries 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 entitle-
ment.

.....
Date

.....
Signature of the insured person