

# Declaration of the identity of the contractual partner and the beneficial owner

## Policyholder

Contract/Policy number \_\_\_\_\_  
Last name \_\_\_\_\_  
First name \_\_\_\_\_

As the policyholder, the undersigned declares:  
**(mark the box that applies)**

- that he/she is the beneficial owner of the assets were be transferred for the mentioned contract/policy.
- that the beneficial owner of these assets is the following person.

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Date of birth Day/Month/Year \_\_\_\_\_  
Nationality \_\_\_\_\_  
Occupation/branch \_\_\_\_\_  
Street \_\_\_\_\_ No. \_\_\_\_\_  
Postal code \_\_\_\_\_ City \_\_\_\_\_  
Country \_\_\_\_\_

## Enclosure

- Valid form of identification (the certification of the ID/passport copy can be done by a post office, bank or notary)

## Policyholder legal entities

- Original copy from the commercial register (no more than 3 month old) or documents of an equivalent nature.
- Identification documents of authorized signatories.

The undersigned hereby confirms that the information supplied is complete and truthful.

Any changes must be voluntarily notified to Skandia Leben AG.

Place, Date \_\_\_\_\_

Signature \_\_\_\_\_

Please return this completed form to the address below.