

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

Policyholder

Contract/Policy number

Last name

First name

Date of birth Day/Month/Year

Nationality

Occupation/branch

Street

No.

Postal code

City

Country

The undersigned in his/her capacity as policyholder declares: **(tick the box that applies)**

- that he/she is the beneficial owner of the assets transferred to 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

Relationship to policyholder

Enclosure

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

Policyholder legal entities

- Original copy from the commercial register (not older 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.

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Service Line International +41 (0) 848 33 66 99
customerservice@skandia.ch | www.skandia.ch

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