

Change of correspondence address

Policy number

Policen-Nr.

Policy number 1

Mr Mrs

Last name

First name

Policy number 2 (if any)

Mr Mrs

Last name

First name

Correspondence address

Recipient 1

Please send all general correspondence to my residential address as stated below

Mr Mrs

Last name

First name

Street No.

Postal code City

Country

Recipient 2

Please send all general correspondence to my residential address as stated below

Mr Mrs

Last name

First name

c/o

Street No.

Postal code City

Country

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

Any changes must be voluntarily reported to Skandia Leben AG.

Notes

Policyholder 1

Place, date

Signature

Policyholder 2 (if any)

Place, date

Signature

Please send the completed form by mail or fax to the address below.

Skandia Leben AG, Birmensdorferstrasse 108, CH-8036 Zurich
T +41 848 33 66 99, F +41 44 388 28 38

www.skandia.ch