

# Alteration of the "3b Beneficiary in the event of death" clause

## Insured's personal details:

Policy number: \_\_\_\_\_

Last name, First name: \_\_\_\_\_

### Beneficiary 1

 Mr       Ms

Title \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Street \_\_\_\_\_ no. \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

Date of birth day/month/year \_\_\_\_\_Percentage 0-100% \_\_\_\_\_

### Beneficiary 3

 Mr       Ms

Title \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Street \_\_\_\_\_ no. \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

Date of birth day/month/year \_\_\_\_\_Percentage 0-100% \_\_\_\_\_

### Beneficiary 2

 Mr       Ms

Title \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Street \_\_\_\_\_ no. \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

Date of birth day/month/year \_\_\_\_\_Percentage 0-100% \_\_\_\_\_

### Beneficiary 4

 Mr       Ms

Title \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Street \_\_\_\_\_ no. \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

Date of birth day/month/year \_\_\_\_\_Percentage 0-100% \_\_\_\_\_

The beneficiary in case of endowment remains unchanged. Should you wish to make alterations regarding the beneficiary in case of endowment please get in touch with us.

By signing you confirm that the information supplied is complete and truthful. Skandia Leben AG must be voluntarily informed of any changes.

Place, date \_\_\_\_\_

Signature \_\_\_\_\_

Please return completed form to address below.

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