

Change of 3b beneficiary/-ies in the event of death

Policyholder's personal details:

Policy no.

Surname, first name:

Beneficiary 1:

Title Mr Mrs

Title

Surname

First name

Street no.

Postcode Place

Country

Date of birth Day/Month/Year

Percentage 0–100%

Beneficiary 3:

Title Mr Mrs

Title

Surname

First name

Street no.

Postcode Place

Country

Date of birth Day/Month/Year

Percentage 0–100%

Beneficiary 2:

Title Mr Mrs

Title

Surname

First name

Street no.

Postcode Place

Country

Date of birth Day/Month/Year

Percentage 0–100%

Beneficiary 4:

Title Mr Mrs

Title

Surname

First name

Street o.

Postcode Place

Country

Date of birth Day/Month/Year

Percentage 0–100%

The beneficiary/beneficiaries in the event of survival remain(s) unchanged. Please contact us if you would like to change the beneficiary in the event of survival.

By signing you confirm as the policyholder that the information you have provided above is complete and true.

Skandia Leben AG must be voluntarily notified of any changes.

Place/date

Signature

Please complete this form and send it to the address below.

Skandia Leben AG, Churerstrasse 25, CH-8808 Pfäffikon SZ
T +41 848 33 66 99, F +41 44 388 28 38
www.skandia.ch