



Account closure

Please close the following benefit account:

**Number of the
benefit account**

A _____

Account holder

Last name, first name _____

Street and no. _____

Zip code and town/city _____

Closure as of _____

Please transfer this amount to the following account:

(Note: The holder of the benefit account and the account to which the transfer is made must be identical! In the case of a partner or joint account, exact account details are required.)

Account holder

IBAN _____

BIC _____

Financial institution _____

Branch and town/city _____

Date _____ Signature _____

Send to: AXA Leben AG, Debt Collection Individual Life, P.O. Box 300, 8401 Winterthur
or via email to services.el@axa.ch