



# Revocation – Individual order of beneficiaries

Contract no.\* ..... / .....

Insured person	Last name*	First name*	Insured number*
	.....		.....
	Street, postcode, and town/city*		Date of birth*
	.....		.....
	Marital status		.....
Private email address		Phone no.	
.....		.....	

Explanation	I have taken note of the “Summary sheet Individual order of beneficiaries” and of the AXA data protection provisions. With this declaration, I hereby revoke the individual order of beneficiaries submitted previously. I acknowledge that, with	this revocation, the individual order of beneficiaries is revoked for the contract specified above and that, should I die before full retirement, the order of beneficiaries as set out under the regulations will apply.

Signature	Date*	Signature of insured person*
	.....	.....

**Send to** AXA Life Ltd  
P.O. Box 300  
8401 Winterthur