AXA Foundation
for Occupational Benefits

Reset

Revocation – Individual order of beneficiaries

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

Insured person

Last name* | First name* | Insured number*

756.

Street, postcode, and town/city* | Date of birth*

Marital status

Private email address | Phone no.

Explanation

I have taken note of the "Summary sheet 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, 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

* Mandatory information