



## 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 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