



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.	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.
	With this declaration, I hereby revoke the individual order of beneficiaries submitted previously. I acknowledge that, with	

Signature	Date*	Signature of insured person*

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