AXA Foundation
for Occupational Benefits

Reset

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.

Lump sum payable at death

The individual order of beneficiaries governs the entitlement to the insured lump-sum death benefit in accordance with the occupational benefits plan and pension fund certificate.

Explanation

I have taken note of the "Information sheet Order of beneficiaries" and of the AXA data protection provisions. In the event of my death, I name the following persons as beneficiaries as set out below (including address information for the beneficiaries starting on page 2):

Beneficiaries

Individual order of beneficiaries Group as per Regulations	Entitlement Share of capital*	Last name, First name*	Date of birth*
a) Spouse or registered partner	..... %		
b/d) Children (Children eligible and not eligible for a pension)	..... %		
	..... %		
	..... %		
	..... %		
	..... %		
c) – Life partner, provided there is no spouse or registered partner	..... %		
– Supported persons	..... %		
	..... %		
– Individuals with financial responsibility for supporting one or more joint children	..... %		
	..... %		
e) Parents	..... %		
	..... %		
f) Siblings and half-siblings	..... %		
	..... %		
	..... %		
	..... %		
	..... %		
	..... %		
g) Other statutory heirs	No choice		
Total	0.0000 %	Total must be 100%!	

Remarks

L1338.004-08.26

* Mandatory information

Individual order of beneficiaries **Contract no.*** ..... / .....

Insured person

Last name* | First name* | Insured number*

756.

Beneficiaries

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

* Mandatory information

Individual order of beneficiaries **Contract no.*** ..... / .....

Insured person

Last name* | First name* | Insured number*

756.

Beneficiaries

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Last name* | First name*

Street, postcode, and town/city*

Country* | Private email address | Phone no.

Explanation

I have taken note of the “Information sheet Order of beneficiaries”. With this declaration, I revoke all previously submitted individual beneficiary designations for the above mentioned contract.

I acknowledge that the validity of this individual order of beneficiaries is not subject to the current circumstances or the current regulatory and statutory provisions, but those at the time of death.

Signature

Date* | Signature of insured person*

Send to

AXA Life Ltd
P.O. Box 300
8401 Winterthur

L1338.004-08.26

* Mandatory information