

Change of 3b beneficiary/-ies in the event of death

POLICYHOLDER'S PERSONAL DETAILS:

Policy no. _____

Surname, first name: _____

BENEFICIARY 1:

Salutation Mr Mrs

Title _____

Surname _____

First name _____

Street no. _____

Postcode _____ Place _____

Country _____

Date of birth Day/Month/Year _____

Percentage 0-100% _____

BENEFICIARY 3:

Salutation Mr Mrs

Title _____

Surname _____

First name _____

Street no. _____

Postcode _____ Place _____

Country _____

Date of birth Day/Month/Year _____

Percentage 0-100% _____

BENEFICIARY 2:

Salutation Mr Mrs

Title _____

Surname _____

First name _____

Street no. _____

Postcode _____ Place _____

Country _____

Date of birth Day/Month/Year _____

Percentage 0-100% _____

BENEFICIARY 4:

Salutation Mr Mrs

Title _____

Surname _____

First name _____

Street no. _____

Postcode _____ Place _____

Country _____

Date of birth Day/Month/Year _____

Percentage 0-100% _____

The beneficiary/beneficiaries in the event of survival remain(s) unchanged. Please contact us if you would like to change the beneficiary in the event of survival.

By signing you confirm as the policyholder that the information you have provided above is complete and true.

YOUPLUS Assurance SCHWEIZ AG must be voluntarily notified of any changes.

Place / date _____

Signature _____

Please complete this form and send it to the address below.