

Application to appoint/change Beneficiaries

Policy/ application/ certificate/ declaration* no.

Regards:

* Delete as applicable.



Insured Party

Forename (forenames)

Surname

PESEL

Date of birth (d-m-y)

Country of birth

Type of identity document

Identity document code and number

Citizenship(s) (please enter all citizenships currently held)

ID expiry date (d-m-y)

Address of residence

Street

Building no.

Unit no.

City

Post code

P.O.

Country

Land line

Mobile phone

E-mail

By invalidating the previous orders* I hereby appoint the following Beneficiaries

* Does not apply to the first appointment of Beneficiaries.

Beneficiaries

No. Name/ Name of Company

1	
2	
3	
4	
5	

Date of birth/ PESEL (natural persons)/ REGON or NIP
(for company)

% of benefit
(accurate to 1%)

1	0	0					

Substitute beneficiaries*

Substitute beneficiaries – persons indicated by the Insured Party who are entitled to a benefit on account of the Insured Party's death, if upon the occurrence of the insurance event

Beneficiaries are not alive or lost the right to the benefit.

* Does not apply to health insurance.

No. Name/ Name of company

1	
2	
3	
4	
5	

Date of Birth/ PESEL (natural persons)/ REGON or NIP
(for company)

% of benefit
(accurate to 1%)

1	0	0					

I acknowledge that I know all consequences of changing Beneficiaries resulting from the conditions of insurance, constituting the basis to conclude the insurance agreement.

City

Date of signing (dd-mm-yyyy)

Legible signature of the Insured Party (Employee)