

## Changes to beneficiaries for PREVEA lump-sum death benefits

<b>Details of insured person</b>	Surname, first name
	Date of birth
	Insurance number
	Marital status

Insured capital payable by (please check as appropriate):

PREVEA Accident     PREVEA Illness

<b>Declaration</b>	In the event of my death, I would like the lump-sum benefits to be divided as indicated between the beneficiaries listed below (PREVEA Illness – see explanatory note for IC Article 20; PREVEA Accident – see explanatory note for IC Article 16).
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<b>Beneficiary 1</b>	Surname, first name
	House no., Street
	Postcode, Town/city
	Date of birth
	Marital status
	Relationship to insured person
	Percentage of lump-sum death benefits

<b>Beneficiary 2</b>	Surname, first name
	House no., Street
	Postcode, Town/city
	Date of birth
	Marital status
	Relationship to insured person
	Percentage of lump-sum death benefits

<b>Comments</b>	This declaration revokes all previous declarations made by me to Helsana regarding the division of benefits. I am sending this declaration to Helsana Insurance Company Ltd and will notify Helsana immediately of any changes to the relationships described. I understand that this declaration must comply with the legal and regulatory provisions in force at the time of my death in order to be valid.
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<b>Note</b>	If a change of beneficiary involves a minor, the signatures of both parents are always required for this beneficiary.
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Place and date

Signature of the insured person or legal representative

**Please send the completed and signed form to the address below. Thank you.**

