

Declaration to change the order of beneficiaries – VIAC Life "Plus"

The undersigned insured Person hereby agrees to the following change in the order of beneficiaries in the event of his/her death for the existing VIAC Life "Plus" coverage.

Personal details

Mrs Mr

Last Name _____

First name _____

Date of birth _____

Street _____

ZIP, City _____

Phone 1 _____

Phone 2 _____

Email _____

Nationality/ies _____

AHV-No. _____

To be filled out by VIAC Services AG:

Kundennummer: _____ Visum: _____ Datum: _____

Predeath of Beneficiary/ies

The insured person acknowledges that the quotas of pre-deceased person(s) accrue to the remaining beneficiary/ies in proportion to their quota. Only if there are no more beneficiaries according to this declaration to change the order of beneficiaryies, the beneficiary order according to the VIAC Life "Plus" conditions will apply.

Changes

The insured Person can change this declaration at any time by submitting a new "Declaration to change order of beneficiary/ies" or revoke an existing, previously submitted declaration by way of a written statement to the VIAC Services AG.

The insured Person hereby confirms and accepts the conditions of VIAC Life "Plus" with his/her Signature.

Date

Signature insured Person

To be mailed to: VIAC Services AG, Innere Margarethenstrasse 2, 4051 Basel.