

1. Personal information

Nomination of beneficiaries

for the vested benefits policy

Surname	First name
Date of birth	Social security no.:
Street, no.	
Postcode, city	
Policy no.	(if any)
2. Legal order	of beneficiaries (cf. art. 7 GPC)
b) In the eve 1) The su partner they tu 2) natural lived a or who 3) the chil deceas	nt of survival, the policyholder (insured person) nt of death, the following persons in the order shown below: rvivors as specified in Articles 19, 19a, 20 and 22 para. 3 BVG (spouse or partner of a registered civil ship as well as their children until they turn 18, or, as long as they are still in training or studying, until
	r may specify the entitlements of the beneficiaries in more detail (otherwise the lump sum payable on death equally) and add persons listed under section b2) to the persons listed under b1).
	of beneficiaries
	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in
The policyholde	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in
The policyholde the event of his.	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in /her death First name
The policyholde the event of his. 1. Surname	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in /her death First name
The policyholde the event of his. 1. Surname Date of birth Address	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in /her death First name
The policyholde the event of his. 1. Surname Date of birth Address	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in /her death First name Share as %
The policyholde the event of his. 1. Surname Date of birth Address Relationship	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in /her death First name Share as % to the policyholder First name First name
The policyholde the event of his. 1. Surname Date of birth Address Relationship. 2. Surname	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in /her death First name Share as % to the policyholder First name First name
The policyholde the event of his. 1. Surname Date of birth Address Relationship 2. Surname Date of birth Address	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in /her death First name Share as % to the policyholder First name First name
The policyholde the event of his. 1. Surname Date of birth Address Relationship. 2. Surname Date of birth Address Relationship. This nomination revoked in writin person. The pro	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in //her death First name Share as % First name Share as % Share as %
The policyholde the event of his. 1. Surname Date of birth Address Relationship. 2. Surname Date of birth Address Relationship. This nomination revoked in writin person. The pro	r nominates the following person(s) as the beneficiary/beneficiaries of the lump sum death benefit due in the death First name



Return address

(for window envelopes)

Confidential

Generali Insurances of Persons Ltd. Competence Center CCCI (LP-CC) Soodmattenstrasse 10 CH-8134 Adliswil 1