

# Nomination of Beneficiaries upon Death Claim

For residents of France

Policy Number

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**i** This nomination will override any previous nomination.

Policyholders Names \_\_\_\_\_  
 \_\_\_\_\_

In the event of the death of the relevant life assured, I hereby request that my policy becomes payable to my Nominated Beneficiary listed below:

<b>Beneficiary 1</b> 1. Name and Title _____ 2. Address _____ 3. Date of Birth    dd/mm/yy    4. % Share  _ _      _ _      _ _      _ _  5. Relationship to Policyholder _____		<b>Beneficiary 2</b> 1. Name and Title _____ 2. Address _____ 3. Date of Birth    dd/mm/yy    4. % Share  _ _      _ _      _ _      _ _  5. Relationship to Policyholder _____	
<b>Beneficiary 3</b> 1. Name and Title _____ 2. Address _____ 3. Date of Birth    dd/mm/yy    4. % Share  _ _      _ _      _ _      _ _  5. Relationship to Policyholder _____		<b>Beneficiary 4</b> 1. Name and Title _____ 2. Address _____ 3. Date of Birth    dd/mm/yy    4. % Share  _ _      _ _      _ _      _ _  5. Relationship to Policyholder _____	

### Declaration

I declare that this policy has not been assigned to a third party. I also declare that this Nomination of Beneficiary will override any previous Nomination of Beneficiary.

Policyholder Signature	Date	dd/mm/yy
_____	_	_ _ _
Policyholder Signature	Date	dd/mm/yy
_____	_	_ _ _
I, a Life Assured, approve this Nomination of Beneficiaries		
Life Assured Signature	Date	dd/mm/yy
_____	_	_ _ _
_____	Date	dd/mm/yy
_____	_	_ _ _
_____	Date	dd/mm/yy
_____	_	_ _ _

#### Important Notes

- SEB Life International will only accept original instructions of the Nomination of Beneficiary.
- SEB Life International strongly suggest that you check the position with your legal advisers before entering into this arrangement.
- In the event of an assignment / pledge, this nomination becomes void.
- In order to give their consent all the Lives Assured must sign the form.consentement.

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Postal address: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland.  
Switchboard: +353 1 487 07 00, Fax: +353 1 487 07 04, E-mail us at: [sales@seb.ie](mailto:sales@seb.ie)

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