

Nomination of Beneficiaries upon Death Claim

For Residents of the Republic of Cyprus

Policy Number

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i This nomination will override any previous nomination.

Policyholders Names _____

In the event of a death claim:

Please select one of:

Pay to my spouse or by default to my children born or to be born by equal share, or by default to my legal inheritors

or

Pay to my legal inheritors

or

Pay the following Nominated Persons (note must total to 100%):
 Only **whole** percentages are acceptable

Nominated Persons

BENEFICIARY 1

1. Name and Title

2. Date of Birth dd/mm/yy 3. % Share

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4. Relationship to Policyholder

BENEFICIARY 2

1. Name and Title

2. Date of Birth dd/mm/yy 3. % Share

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4. Relationship to Policyholder

BENEFICIARY 3

1. Name and Title

2. Date of Birth dd/mm/yy 3. % Share

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4. Relationship to Policyholder

BENEFICIARY 4

1. Name and Title

2. Date of Birth dd/mm/yy 3. % Share

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4. 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

Important Notes

- It is the responsibility of the Policyholder to ensure that the Nomination of a Beneficiary will be effective under their law of domicile and/or residence.
- SEB Life International strongly suggests that you check the position with your legal advisers before entering into this arrangement.
- SEB Life International will only accept original instructions of the Nomination of Beneficiary.
- In the event of an assignment / pledge, this nomination becomes void.

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