

Nomination of Beneficiaries upon Death Claim

For residents of France

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Policy Number

[illegible]

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:

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

Postal address: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland.

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