

Beneficiary designation



If you assign the same beneficiary/beneficiaries to more than one cover, you can fill out one form and mark all the covers which the beneficiary designation applies for. In case you assign different beneficiaries for different covers, fill out separate forms for each beneficiary designation.

Policyholder			
Policy number			
The Insured		SSN	
Mark all the covers which this beneficiary designation applies for	<input type="checkbox"/> Health insurance: Temporary disability <input type="checkbox"/> Health insurance: Economic disability <input type="checkbox"/> Health insurance: Death cover <input type="checkbox"/> Personal accident insurance: Temporary disability <input type="checkbox"/> Personal accident insurance: Death cover <input type="checkbox"/> Business travel insurance: Temporary disability <input type="checkbox"/> Business travel insurance: Death cover <input type="checkbox"/> Expatriate insurance: Temporary disability <input type="checkbox"/> Expatriate insurance: Death cover		

Beneficiary / beneficiaries	Name	SSN or Business ID

The person signing the beneficiary designation as a representative of the Policyholder must have the legal right to represent the company or entity that took out the insurance.

If the Policyholder authorizes the Insured to issue a beneficiary designation for their own insurance cover, the authorization (page 2) must be filled out by the Policyholder.

We are processing personal data of our customers in compliance with the applicable insurance and data protection legislation. More information about processing personal data can be found at if-insurance.com/privacy.

Return this beneficiary designation to your contact person in If or send it to *If Insurance, Person Insurances, P.O. Box 1013, 00025 IF, FINLAND*.

The signer is the Policyholder the Insured (authorization attached)

Place and date

Signature of the Policyholder or authorized Insured _____
 Clarification of name:



Appendix: Authorization

NOTE. This section is only filled out when the Policyholder authorizes the Insured to issue a beneficiary designation for their own insurance cover. The appendix will be submitted to If together with the beneficiary designation.

By signing, I hereby authorize the Insured below

Name		SSN	
Policy number			

to issue a beneficiary designation for their own insurance cover on my behalf. I understand that I will not subsequently have the right to amend the beneficiary designation in question without the consent of the Insured.

Place and time

Signature of the Policyholder

Clarification of name: