

# DECLARATION OF CHANGE OF THE BENEFICIARY

Loan protection insurance  
Critical illness insurance

Pohjola Insurance Ltd, Business ID: 1458359-3  
OP Life Assurance Company Ltd, Business ID 1030059-2  
AXA France VIE, branch in Finland, Business ID 2922515-8

To be submitted to the party responsible for insurance processing,  
Axa

<b>Name of the insured person</b>		<b>Personal identity code</b>
Postal address		Postcode and town/city
Loan protection insurance <input type="checkbox"/>	Loan number	
Critical illness insurance <input type="checkbox"/>	Policy number	

As of the date on this declaration of change of the beneficiary, I wish to enter the following person/persons as beneficiary/beneficiaries to the life insurance compensation paid under the Loan protection insurance related to the abovementioned loan or under the Critical illness insurance policy.

**Please indicate all beneficiaries, for this change of the beneficiary will invalidate the previous beneficiary clause.**

<input type="checkbox"/> Next of kin <input type="checkbox"/> Children <input type="checkbox"/> Spouse <input type="checkbox"/> Spouse and children <input type="checkbox"/> Death estate <input type="checkbox"/> Common-law spouse / other / others (please indicate name and personal identity code)	
<b>Name</b>	Personal identity code
<input type="checkbox"/> I hereby stipulate in accordance with section 35, subsection 2 of the Marriage Act that the spouse of the beneficiary shall have no marital right to the death benefit paid to the beneficiary, or to any appreciation, gains, income, rentals, dividends and proceeds that may accrue from said benefit or to property obtained substituting said benefit or said appreciation, gains, income, rental, dividends and proceeds.	
Place and date	
The policyholder's signature and name in print/block letters	

<b>Name of the jointly insured person</b>	<b>Personal identity code</b>
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As of the date on this declaration of change of the beneficiary, I wish to enter the following person/persons as beneficiary/beneficiaries to the life insurance compensation paid under the Loan protection insurance related to the abovementioned loan. **Please indicate all beneficiaries, for this change of the beneficiary will invalidate the previous beneficiary clause.**

<input type="checkbox"/> Next of kin <input type="checkbox"/> Children <input type="checkbox"/> Spouse <input type="checkbox"/> Spouse and children <input type="checkbox"/> Spouse and children <input type="checkbox"/> Common-law spouse / other / others (please indicate name and personal identity code)	
<b>Name</b>	Personal identity code
<input type="checkbox"/> I hereby stipulate in accordance with section 35, subsection 2 of the Marriage Act that the spouse of the beneficiary shall have no marital right to the death benefit paid to the beneficiary, or to any appreciation, gains, income, rentals, dividends and proceeds that may accrue from said benefit or to property obtained substituting said benefit or said appreciation, gains, income, rental, dividends and proceeds.	
Place and date	
The policyholder's signature and name in print/block letters	

Please send the declaration of change of the beneficiary without delay to the insurance company responsible for the processing of the insurance policy by mail at:

**AXA / Vakuutuspalvelu**  
**PL 67, 00501 Helsinki**  
**palvelut@partners.axa**

**NOTE: The email connection is secured only between OP and AXA.**  
For more information, please call the service number **+358 (0)10 802 842.**