

DECLARATION OF CHANGE OF THE BENEFICIARY

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

Loan protection insurance

OP Critical illness and life cover

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

Name of the insured person		Personal identity code
Postal address		Postcode and town/city
Loan protection insurance	<input type="checkbox"/>	Loan number
OP Critical illness and life cover	<input type="checkbox"/>	Policy number
Critical illness insurance (Insurance policies granted before 22 September 2021)	<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, OP Critical illness and life cover 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)	
Name	Personal identity code
Name	Personal identity code
Name	Personal identity code
Name	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	

Name of the jointly insured person	Personal identity code
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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)	
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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.**