

Beneficiary statement

for Accidental or Illness-Related Death or Disability Insurance

This form must be completed by the insured person or the insured person's legal representative. You can find the required form at css.ch/capital. Please complete the form in full and send it to us as quickly as possible to the address shown on the last page. Thank you for your cooperation. Any questions? Our Contact Center will be happy to help on 0844 277 277.

Client number

 Accident

 Illness

 Accident and illness

1 Personal details

First name

Surname

Street address

Postcode/town

Date of birth

2 Beneficiary

In case of my death, I declare that the insured death lump sum is to be paid to:

Please provide an address, date of birth and percentage for each beneficiary.

I understand that I can revoke this statement at any time and that I may delete or add beneficiaries.

Place

Date

Signature of the insured person

If no beneficiary is stated on the present form, the following order of beneficiaries will apply in the event of death, in accordance with the General Insurance Conditions.

1. Spouse/registered partner
2. in the absence of which, the children
3. in the absence of which, the other statutory heirs, excluding the community

Please return to:
 CSS Versicherung AG
 Special Insurance Competence Center
 P.O. Box 2568
 6002 Lucerne

Legal entity for supplementary insurance (VVG): CSS Versicherung AG