

Change of the Beneficiary clause

Policy no.	
	1 st policyholder <input type="checkbox"/> legal entity
Name/First name/Company	
Address/ZIP code/Country	
Date of birth/ Incorporation date	
Telephone no.	
E-mail <input type="checkbox"/> none	
Legal representative	
	2 nd policyholder <input type="checkbox"/> legal entity
Name/First name/Company	
Address/ZIP code/Country	
Date of birth/ Incorporation date	
Telephone no.	
E-mail <input type="checkbox"/> none	
Legal representative	

Basically, the right to the insurance benefits is revocable, except where the policyholder has declared in writing that the right is irrevocable. Revocability means that the right to the insurance benefits may be changed or cancelled by the policyholder at any time. The policyholder can designate one or more beneficiaries and define in detail their rights (rank and share).

Beneficiary clause in case of survival		
	1 st beneficiary	2 nd beneficiary
Distribution	Rank: _____ Share in %: _____ <input type="checkbox"/> 1 st policyholder <input type="checkbox"/> 2 nd policyholder <input type="checkbox"/> other person	Rank: _____ Share in %: _____ <input type="checkbox"/> 1 st policyholder <input type="checkbox"/> 2 nd policyholder <input type="checkbox"/> other person
Name/First name/Company		
Address/ZIP code/Country		
Nationality		
Date of birth/ Incorporation date		
Relation to policyholder		

Gender	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> female
	<input type="checkbox"/> legal entity		<input type="checkbox"/> legal entity	
	3rd beneficiary		4th beneficiary	
Distribution	Rank: _____ Share in %: _____		Rank: _____ Share in %: _____	
	<input type="checkbox"/> 1 st policyholder <input type="checkbox"/> 2 nd policyholder <input type="checkbox"/> other person		<input type="checkbox"/> 1 st policyholder <input type="checkbox"/> 2 nd policyholder <input type="checkbox"/> other person	
Name/First name/Company				
Address/ZIP code/Country				
Nationality				
Date of birth/Incorporation date				
Relation to policyholder				
Gender	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> female
	<input type="checkbox"/> legal entity		<input type="checkbox"/> legal entity	
Beneficiary clause in case of death				
	1st beneficiary		2nd beneficiary	
Distribution	Rank: _____ Share in %: _____		Rank: _____ Share in %: _____	
	<input type="checkbox"/> 1 st policyholder <input type="checkbox"/> 2 nd policyholder <input type="checkbox"/> other person		<input type="checkbox"/> 1 st policyholder <input type="checkbox"/> 2 nd policyholder <input type="checkbox"/> other person	
Name/First name/Company				
Address/ZIP code/Place				
Nationality				
Date of birth/Incorporation date				
Relation to policyholder				
Gender	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> female
	<input type="checkbox"/> legal entity		<input type="checkbox"/> legal entity	
	3rd beneficiary		4th beneficiary	
Distribution	Rank: _____ Share in %: _____		Rank: _____ Share in %: _____	
	<input type="checkbox"/> 1 st policyholder <input type="checkbox"/> 2 nd policyholder <input type="checkbox"/> other person		<input type="checkbox"/> 1 st policyholder <input type="checkbox"/> 2 nd policyholder <input type="checkbox"/> other person	

Name/First name/Company				
Address/ZIP code/Place				
Nationality				
Date of birth/Incorporation date				
Relation to policyholder				
Gender	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> female
	<input type="checkbox"/> legal entity		<input type="checkbox"/> legal entity	

Signature of the policyholder (handwritten signature required)

Place, Date

 1st and 2nd policyholder/Legal representative*

Irrevocable beneficiary clause

Irrevocability means that the right to the insurance benefits may only be changed or cancelled with the consent of the person entitled to the irrevocable right to the insurance benefits. The policyholder hereby states that the right to the insurance benefits of the person(s) listed below is **irrevocable**. We recommend consulting a legal and/or tax expert before a person is designated as irrevocable beneficiary.

Name/company			
First name			
Address			
ZIP code/City			
Country			
Nationality/Jurisdiction of incorporation			
Date of birth/Incorporation date			
Place of birth/Place of incorporation			
Gender	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> legal entity
Relation to the policyholder			

Please take note of art. 75, paragraph 2 of the insurance contract law: "the right of the policyholder or his legal successor to revoke the beneficiary clause only becomes invalid if the policyholder has waived the right of revocation in the policy with his signature and has transferred the policy to the beneficiary."

Signature of the policyholder (handwritten signature required)

I am aware that as a result of this the rights to the insurance benefits of the person irrevocably entitled to the insurance benefits arising from the insurance policy can only be changed or cancelled with the consent of the person irrevocably entitled to the insurance benefits.

Place, Date

1st and 2nd Policyholder/Legal representative*

Signature of the irrevocable beneficiary (handwritten signature required)

I agree to be appointed as irrevocable beneficiary for the policy mentioned above.

Place, Date

Irrevocable beneficiary/Legal representative*

Signature of pledgee (if existent), (handwritten signature required)

Please note that if the insurance policy has been pledged as collateral, the additional consent of the pledgee is required. The pledgee hereby consents to the designation.

Place, Date

Pledgee

Compulsory enclosures - Youplus reserves the right to request any additional document if needed:

- Identification documents** for each policyholder/irrevocable beneficiary:
 - Natural person:** certified copy of the valid passport or identity card (if not already submitted)
 - Company/Legal entity:** trade register (not older than 12 months), statutes (or equivalent document), authorized signatory list, certified copy of the valid passport or identity card for each person authorized to sign and corresponding W-8 or W-9 form
- In case of Irish policy: **“Form Self declaration of non-Irish residence”**

*The same documents and information requested for irrevocable beneficiary and policyholder will be needed for the legal representative. Please complete page 1 accordingly.