

This form need not be filled in if the death benefit is to be paid to the deceased's estate

Any changes to the designation of beneficiaries should be submitted to the State Treasury in writing

| | | |
|--|---|----------------------------|
| Validity of the designation of beneficiaries | Until further notice [] | |
| | For a fixed period (please indicate start and end date of validity) [] | |
| The insured | Surname | First names |
| | Personal identity code | Street address |
| | Post code | Town or city |
| Beneficiary/beneficiaries | Beneficiaries' names and personal identity codes | |
| Signature | In, date | Insured person's signature |
| | This document was signed by the insured person in our presence | |
| Witnesses | Signature of witness | Signature of witness |
| | Name in block letters | Name in block letters |
| | Contact information | Contact information |
| | | |

Please send the designation of beneficiaries to:

State Treasury
P.O. Box 500
00054 STATE TREASURY

