

# Beneficiary statement

## for Accidental or Illness-Related Death or Disability Insurance

As the insured person or their legal representative, please complete the form in full and send it to the address given on the last page.  
 You can find all the information about the product and the required form at [css.ch/lump-sum](http://css.ch/lump-sum)  
 Any questions? Our Customer Service Centre will be happy to help on 0844 277 277. Thank you.

Client number

 For accident

 For illness

 For accident and illness

### 1 Personal details

First name

Surname

Street, house number

Postcode/town

Date of birth

### 2 Beneficiary

In the event of my death, I hereby decree that the insured death benefit shall be paid as follows:

#### Beneficiary 1

First name

Surname

Street, house number

Postcode/town

Date of birth

Email

Phone numbers

Private  Mobile

Percentage per beneficiary

Swiss citizen?

Yes  No

**For persons who do not live in Switzerland, a copy of their passport must be enclosed.**

#### Beneficiary 2

First name

Surname

Street, house number

Postcode/town

Date of birth

Email

Phone numbers

Private  Mobile

Percentage per beneficiary

Swiss citizen?

Yes  No

**For persons who do not live in Switzerland, a copy of their passport must be enclosed.**

### Beneficiary 3

First name			Surname		
Street, house number			Postcode/town		
Date of birth					
Email			Phone numbers		
			Private		Mobile
Percentage per beneficiary			Swiss citizen?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**For persons who do not live in Switzerland, a copy of their passport must be enclosed.**

Would you like to add other beneficiaries? Please enter their contact details in the empty field below.

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 nobody is appointed a beneficiary with this form, the following order of beneficiaries shall apply in the event of death (General Insurance Conditions, Art. 8):

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

**Address of the insurer:**

CSS, Special Insurance Competence Centre, P. O. Box 2568, 6002 Lucerne

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