



# Beneficiary form

In the case of the death of the Insured, the compensation payable upon death is payable to the Insured's next-of-kin (refers to the spouse and heirs of the Insured). If you want instead of to name some other person as a beneficiary, please fill in this form. Additional information, please see the Terms and Conditions of the Insurance.

Please fill in the form carefully and send it to **personal@if.fi**. As the form contains personal data it is advisable to send it via a secured email connection. Sending a secured email to an If-address can be done via If's encryption server **<https://secure.if.fi/>**

## Type of insurance

Please select one:

Business Travel Insurance

Expatriate Insurance

Accident Insurance

**Policyholder** (The name of your Employer)

**Policynumber**

## Beneficiary in the event of death

(If you fill this in by hand, please write with capital letters. Remember to fill in also the Identity number)

Name (in block letters)	Identity number
<input type="text"/>	<input type="text"/>

**Signatures of the Insured and the Witnesses.** (Please notice that all fields should be filled in order this form to be valid.)

Place and time	
<input type="text"/>	
Signature and Clarification of Signature of the Insured	
<input type="text"/>	
Identity number of the Insured	
<input type="text"/>	
Signature and Clarification of Signature of the Witnesses	<input type="text"/>