Step by step guide on how to fill out the beneficiary form correctly

General remark

The form can be filled out online using a pdf program, however signing the doc digitally at the bottom (so without printing / scanning) can be challenging. If you do not manage to sign digitally then we ask you to fill out the docs digitally, print, sign the doc manually and scan / photograph the doc and email it back to us. We do not offer further assistance by phone or email on 'how to sign digitally'.

Member company

This part is already filled out for you, except for "Policy No".

At "Policy No" you need to fill out the following:

If you pay your insurancepremium in Euro fill out: **080719/002** or

If you pay your insurance premium in Dollar fill out: **080719/001**

Insured person

At "Social Security No" – you can leave that blank.

At "Marital status":

- 1. The definition of 'marital life assured' is that you live together, you have signed a document which stipulates that, but you are not officially married.
- 2. "PACS" is a typical French form of living together. If this applies to you then you know what it means.

Choose the formula

Choose which formula applies on your beneficiaries (1 or 2) and fill out the info requested if you choose formula 2 using the recommendations on page 3 of this document.

Signature of the insured

As mentioned above, please sign the doc manually (print / sign / scan) if you do not manage to get the doc signed digitally.

Disclaimer: This guide is made by JoHo Insurances to help you fill out the form correctly. JoHo Insurance is not liable for any mistakes that might be made by you filling out this beneficiary form.



Designation of Beneficiary(ies) in Case of Death

Member company																																														
				oany						Τ	Т	Т	_		1	T	T		Т		_				Т												_	Τ	Т	\top	Т	\top	\top	1	\top	
				lress		\pm	_			_	$^{+}$	÷	\pm	+	$^{+}$	+	+	+	÷	\pm	+	\pm	\pm	_	+		_	_			_	_				_	H		H	÷	十	十	÷	+	十	爿
	Пр	лпу С	Juc	1633		_	_			H	$\frac{\perp}{1}$	+	\pm	+	$\frac{\perp}{1}$	+	+	+	Ŧ	\pm	_	_	+		+		_	_			+						一		一	÷	÷	十	÷	+	十	님
SIRET No.					+	\pm	_			_	+	+	+	+	÷	+	+	+	Ŧ	+	_		+			olicu	. NI	10			+	_					H		는	÷	÷	÷	÷	+	÷	爿
SIF	(EII	NO.		Policy No.																		_																								
Ins	ure	d pe	rso	n																																										
I, u	nde	rsign	ned																																											
Name											Τ	Τ			T				T						T												Т		Т	Т	Т	T	Τ		T	
First name			Ť	Ť					Ť	Ť	Ť	Ì	Ť	Ť	Ť	Ī	Ť	Ì	Ť	Ì	Ì		Ť		Ī										Ī		Ī	Ť	Ť	Ť	Ť	Ť	Ť	Ī		
Mc	aide	n nai	me	Ī	Ť	Ť				Ī	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť		Ť		Ť		Ī	T			Ī					İ	Ī	İ	T	Ť	Ť	Ť	Ť	Ť	Ť	
Ge	nde	r:			١	1ale	è []			Fe	mc	ıle [
So	cial	Secu	ırity	No.							Τ	Τ			Τ	Τ	T		T						T												Т		Т	Т	Т	Т	Т		T	
Mc	arito	l stat	tus	:	5	ing	le	. 🗆			Married				Widov			/(er) □				Divo		ced 🗆				Marital life			e as	assured \square				PA	CS	:S 🗆								
Address of insured						Ť											T	T							T			Т									Т		Т	Т	Т	Т	Т	Т		
	Τ				Ť	\pm				T	Ť	Ť	Ť	Ť	÷	Ť	t	÷	t	\pm	T	\pm	\pm	\pm	T	\pm	T	\exists			\exists					H	H		Ħ	÷	÷	÷	÷	Ť	÷	Ħ
Re	s B	.dg.,	Ent	rv.	\pm	\pm					÷	Ť	Ť	$^{\perp}$	÷	÷	T	$^{+}$	t	$\frac{1}{1}$	T		\pm		T		T	\exists		Post	al (Coc	le				H		Ħ	÷	÷	÷	÷	T	÷	Ħ
Cit					_		_			H	$\frac{1}{1}$	t	$\frac{1}{1}$	+	$\frac{1}{1}$	$\frac{1}{1}$	$\frac{1}{1}$	+	t	\pm	+	\pm	\pm	\pm	t		7										Т		H	÷	÷	÷	÷	+	÷	爿
		e car	nce	lling	all r	orev	iou	ıs be	ene	efic	iarv	de	siar	natio	ons	and	tick	the	d	esire	d	form	ulc	1:																_	_					_
or By be op	to 1 coh oth sib oth oth oth oth oth oth oth oth oth oth	he Ir nabit ings erwi ings erwi erwi erwi erwi erwi erwi erwi erwi	nsumser actions se, if his se, if his se, if se, or the control of	on as to the e/sh to the to the to the to the the the the the the the the the the	spood de de de de de de de de de de de de de	buse clarrorn of the clark of t	ulc he	ot le to t d un hild nd n opt	ga he bo remot for	lly service the se	sepolicyhild child r eq 2 1st	ara noldre ual :fo mandi ppl	ted der, n of lly b	or could a a land a lan	insueen nd i	the nam	m, t	om the same of the	ne hc	Insu	ng f tl	therne provides (ies)	m, t	Union the sh decec	ase	re of the ded revenue of the ded revenue of the ded or	the ve	e profession of the second of	e-d	the order of the o	sur sur	d re	e a	nd i	f he	his/	e wiirs."	own	n ch	hildr hildr pr ar	n ex	or to	o his	akd		
				he in																																										
	Red	ıd ar	nd (appro	ove	d.																																								

FRM-LDADD-Beneficiaries-EN-0721

Recommendations for filling in the Designation of Beneficiaries Form

Important

End the beneficiary nomination in case of death by "otherwise, to my heirs." Whomever the chosen beneficiary, avoid designating him/her only using last name, title and relation (e.g. Mr. X, my spouse); Please indicate his/her full name.

Nomination of a spouse

It is best not to simply indicate "my spouse." Write in the following form: "my non-separated spouse" and please indicate his/her full name. Thus, in case of remarriage, the lump sum will be paid to the current spouse and in case of divorce or legal separation; the lump sum will revert to the beneficiary of the second rank.

Nomination of Civil Partner/Cohabitation/PAC or local equivalent

Please indicate "my partner" or "partner under a PACS/(specify local equivalent)". The person who can prove his/her status of partner at the time of death of the insured shall claim the benefit of capital. The partner must prove his/her status by producing a cohabitation certificate, proof of common address, or issued by an official regulatory body. The partner must submit the PACS or local equivalent legal agreement that has been recogised accepted by a Court of law.

Nomination of children

If you designate your children by using his/her name, this will exclude the unborn. As appropriate, prefer the following formula: "my children born or unborn, living or represented, equally among them," the share of the pre-deceased reverting to his own children or siblings if there are no children. Please indicate his/her full name(s).

Nomination of parents

As appropriate, you can use the following formula: "My father and mother equally between them, the share of the pre-deceased reverting to the survivor," or if you want to nominate one of your parents, "my father, otherwise my mother" (or vice versa). Please indicate his/her full name(s).

Other nominations

If you nominate multiple beneficiaries, it is important to specify the degree of each of them and his/her full name(s).

Case 1: You wish the capital to be paid in full to the first nominated person and if the latter has died, to the survivor.

Write as follows: "Mr X ..., otherwise Mrs Y ...".

Case 2: You wish that the lump sum should be distributed equally between the different beneficiaries.

Write as follows: "Mr X ... Mrs Y ... and Mr Z ... equally among them." In case of death of one of them, his share will revert to his survivor.

Case 3: You wish that that the lump sum should unevenly distributed between different beneficiaries, within the limit of 100% of the capital. Write as follows: "30% to Mr X ... 50% ... to Mrs Y and 20% to Mr Z ..."

It is also useful to provide - if the beneficiary you have named is pre-deceased - the fate of his share.

Conditions of Designation

You may modify the designation order of the standard clause (1st formula) at any time and designate any natural or legal person(s) of your choice by private or notarial deed. You must inform us in writing of the designation of the beneficiary (ies). Any modifications to the designation of beneficiaries must be equally notified to the Insurer, in the same manner, the beneficiary clause may also be modified when it is no longer appropriate. Once the beneficiary (ies) has been designated by name, you must provide their full contact details: name, maiden name, first name, date and place of birth, address. In the event of death, this he information used is necessary to be used by AWP Health & Life S.A. to facilitate the search for the beneficiary.

Conditions of Acceptance

The designation of a beneficiary becomes irrevocable with the beneficiary's acceptance subject to the conditions as stipulated in Article L.132-9 of the French Insurance Code. The acceptance shall be by private or official notarial declaration signed by the Insured and the beneficiary. The Insurer must be notified of the acceptance in order to take effect. If the self-designation becomes void, the aforementioned order of designation is applicable.

Notwithstanding the above and regardless of any other designation, when the lump sum amount is calculated taking into account dependents, the corresponding increases in lump sum should only benefit the persons taken into account when calculating these increases. If the beneficiary designated by the Insured Person or pursuant to the aforementioned standard clause is effectively responsible for the persons taken into consideration when calculating the increases, the Insurer shall allocate them to the designated person. If the designated beneficiary is not legally responsible for those persons, the Insurer shall allocate the increases among the dependents in equal shares. The share of the lump sum corresponding to those increases is equal to the difference between the lump sum due according to the situation and the legal dependents of the Insured and the lump sum the Insurer would have had to pay if the Insured had been single without dependents. The Insurer shall then pay the remainder to the beneficiary designated by the Insured. In the case of death of the Insured and of one or several designated beneficiaries during a single event without the possibility to determine the order of deaths, the Insured is presumed to have survived for the purposes of determining the beneficiaries of the lump sum.

The information collected is subject to computerised processing and is used on the sole purpose of the management of this Policy. Your data are processed in accordance with the French Data Protection Act no. 78-17 of 06.01.1978, as amended by the law of August 6, 2004, on Information Technology, Data Files and Civil Liberties and all applicable laws and regulations relating to the protection and processing of Personal Data, including the General Data Protection Regulation (EU) 2016/679. Therefore, you have the right to access, modify, rectify, delete and oppose the data concerning you either by sending your request to AWP Health & Life - Data Protection - Eurosquare 2, 7 rue Dora Maar,93400 Saint Ouen, France or by email directly to: informatique.libertes@allianzworldwidecore.com

In addition, as part of the performance of the present contract, your processed personal data may be transferred outside the European Union. These transfers are completed in a manner that respects the different aspects of personal data protection and that respect the security of information.