



## **BENEFICIARY DESIGNATION in case of death**

With an effective date of : .....

I, the undersigned, .....

Date of birth : .....

Relating to the beneficiaries of my life insurance contracted with APPN and the following insurance companies :

- AXA France Collectives n° 5092
- GENERALI France n° 23 624 and endorsement n° 2
- MACIF

<sup>(1)</sup> Opt for the standard clause and designate as beneficiary (ies)

as primary beneficiary, my spouse, judicially not separated  
 for lack of, the partner to whom I am bound by a "Civil Solidarity Pact" (PACS);  
 for lack of, with benefits equally split among them, my children, living or represented, and the children of my spouse if they were his/her dependents;  
 for lack of, with benefits equally split among them, my father and my mother, for lack of one of them, the other one in totality  
 for lack of, my heir-at-law

*We'd like to inform you the Beneficiary designation form has to be filled in without any deletions or additions, this to avoid any dispute. If the standard clause does not suit you, please designate below one or several beneficiaries from your own, on condition no other previous particular designation had not been approved by the concerned beneficiaries.*

<sup>(1)</sup> **Do not opt for the standard clause** and designate as beneficiary (ies)

as primary beneficiary .....

.....

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for lack of .....

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for lack of .....

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for lack of .....

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**for lack of, my heir-at-law.**

A copy of this document will be, automatically, sent with your insurance certificate. If you do not wish to receive this copy, please specify it below:

.....

I authorize A.P.P.N. to communicate this information to the concerned insurers.

**(1) Tick the corresponding box**

Date and location .....

Signature.....