



Termination of pillar 3b insurance

I am cancelling my pillar 3b policy. The policy in question will terminate on the first day of the month following receipt of this form or in the future on _____ (date).

Details of the policyholder

Last name: _____ Policy number: _____
First name: _____ Date of birth: _____
Street/no. _____ Country of birth: _____
Postcode/town/
country: _____ All nationalities: _____
E-mail: _____ Private/mobile phone no.: _____
Swiss social security (AHV) no: 756. _____ Which countries do you have a fiscal residence in? _____
Current job/occupation: _____ Current function/position: _____
Sector (e.g. chemical industry, construction etc.): _____ Name employer & location: _____

- I am married / separated / in a registered partnership.
 I am single / divorced / widowed / in a dissolved partnership.

Please pay me the surrender value minus any premium or loan owed. Please make the payment to the following account.

Payment instructions

Please provide the bank details of the account to which the payment is to be made:

Account is in the name of the policyholder: _____
 Post / bank name: _____
Address of bank: _____
BIC/SWIFT code: _____ IBAN: _____

Payment

Once we are in possession of all the necessary information/documents it will take approx. 30 days for the transfer to be made. A copy of a valid official identity document (passport or ID card) of the policyholder or the beneficiary must be enclosed with this payment order.

I confirm that the information I have given is true.

Place, date

Signature(s)
All policyholders and rightful claimants or their representatives

Place, date

Signature(s) and stamp
Pledgee

Generali Personal Insurance Ltd.

A member of the Gruppo Assicurativo Generali, entered in the Italian Register of Insurance Companies under number 026
Our data protection provisions can be viewed at generalich.dataprotection, or you can request a copy from our customer service department