

BENEFICIARY DECLARATION

Note:

The beneficiary declaration should **ONLY** be completed, if the death benefit, in case of your death, shall be payable to **others** than the next of kin.

1. PERSONAL INFORMATION			
Name:	Date of birth:	Address:	Postal code:
Town:	E-mail:	Phone (work):	Phone (home):

Travel insurance, policy no.:

Policy holder (company):

In case of my death I want the sum insured to be paid out to:

Write name, date of birth, any possible relation and address of the person you wish the payment to fall to. Should the sum be divided among persons then please state the division, e.g. equal sharing or divided in percentages.

Date (dd/mm/yy):	Signature:
------------------	------------

<p>Please send the declaration to: Gouda Travel Insurance A.C. Meyers Vænge 9 2450 Copenhagen SV Denmark</p>
