

**Beneficiary in the event of death
modification form (group insurance)**

Organiser: _____

Affiliate: _____

Affiliate's contract number(s): **530** / _____ / _____
530 / _____ / _____

Contracts concerned The following new beneficiary designation applies to:
 the group insurance(s) with the above-mentioned contract number(s)
 all Vivium group insurances to which I am affiliated (all contracts starting with "530")

Current beneficiary(ies) In accordance with the pension rules (*go directly to 'New beneficiary(ies)'*)
 Indicated by name (*complete the fields below and then go to 'New beneficiary(ies)'*)

Name and first name of the current beneficiary(ies):

Has/have the current beneficiary(ies) accepted the benefit?

Yes No

(*If yes, the accepting beneficiaries have to state that they agree with the new beneficiary(ies) by signing this form*)

New beneficiary(ies) As of (date) ____ / ____ / ____ (date)

In accordance with the pension rules

Appointed by name

in the order of priority mentioned below

proportionally among the following beneficiaries

1. Name, first name and address of new beneficiary

Date of birth

____ / ____ / _____

2. Name, first name and address of new beneficiary

Date of birth

____ / ____ / _____

3. Name, first name and address of new beneficiary

Date of birth

____ / ____ / _____

Remarks

Rules in relation to the beneficiary:

- In principle, only the organiser (employer) who has made a pension commitment is entitled to appoint a beneficiary;
 - Your employer has transferred this right to you. This right is personal; therefore neither your spouse nor partner, nor your heirs nor creditors can exercise this right. This means that you may appoint a beneficiary, in accordance with the pension rules, or that you may revoke a previously appointed beneficiary;
 - If, however, a previously appointed beneficiary has accepted the benefit, you can only change that beneficiary with his/her approval;
 - The person appointed as beneficiary is entitled to the insured benefit, when the amount, of which he is the beneficiary, has to be paid.
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Data Protection

In connection with the management of your group insurance, P&V Verzekeringen cv/P&V Assurances sc with its registered office at Koningstraat/Rue Royale 151, 1210 Brussels, will collect and process personal data in its capacity as controller. These data will be processed with the greatest discretion and only by persons who are authorised to do so.

The general terms and conditions of your group insurance provide more information regarding the General Data Protection Regulation (GDPR). P&V Verzekeringen cv/P&V Assurances sc's policy with respect to the protection of privacy can be consulted at www.vivium.be/privacy.

Drawn up in _____ Date _____ / _____ / _____

Signature of the affiliate,

Signature of the affiliate's partner,

(to be signed only if the affiliate is married and the new beneficiary is not the spouse nor one of the affiliate's children)

Signature of the previous beneficiary,

(to be signed only if the beneficiary designation was explicitly accepted in the past by the previous beneficiary, i.e. signed by this beneficiary)