

Designation of Beneficiary

Individuel Expatriate Contract – Personal Liability



Contract n°FR025481TT

subscribed by the **Association Coopération, Mobilité et Expatriation (ACME)**,

through **Assurances et Conseils Moncey**,

with **TOKIO MARINE Europe S.A. (Tokio Marine HCC)**

acme
Association Coopération, Mobilité et Expatriation

MONCEY
ASSURANCES & CONSEILS

 **TOKIO MARINE**
HCC

Contractuel document

Designation of Beneficiary

Individuel Expatriate Contract – Personal Liability

1. Applicant's details

M. Mrs Surname _____

First name _____ Date of birth (dd/mm/yyyy) _____ / _____ / _____

Nationality (you have a valid passport) _____

Address in principal country of residence _____

City and zip code _____ Country _____

Email address (mandatory; capital letters) _____

2. Standard clause

According to the contract information notice, in the event of the death of the Insured, and unless another person has been designated by the Insured, the amount due shall be paid to:

- if the INSURED is married: his/her spouse not separated or living apart, or divorced, failing this his/her children born or to be born, living or represented, failing this to his/her heirs,
- if the INSURED is a signatory to a PACS (Civil partnership agreement), his/her partner, failing this his/her heirs,
- if the INSURED is widowed or divorced: his/her children failing this his/her heirs,
- if the INSURED single: his/her heirs. In all other cases the amounts are paid to the Insured who suffered the accident.

Unless otherwise designated by holographic designation, provided to the Company through this document.

3. Special clause

I, the undersigned, affiliated with the contract referred to above, designate as beneficiary (ies) in the event of accidental death, by way of derogation from the clause provided above (*)

M. Mrs _____

residing (address) _____

born on (dd/mm/yyyy) _____ / _____ / _____ , failing that,

M. Mrs _____

residing (address) _____

born on (dd/mm/yyyy) _____ / _____ / _____

M. Mrs _____

residing (address) _____

born on (dd/mm/yyyy) _____ / _____ / _____

M. Mrs _____
residing (address) _____
born on (dd/mm/yyyy) _____ / _____ / _____

M. Mrs _____
residing (address) _____
born on (dd/mm/yyyy) _____ / _____ / _____

Note: Indicate the names, first names, date of birth (and maiden name for married women).

THIS DECLARATION CANCEL AND REPLACES ANY PREVIOUS DESIGNATION

Signature of the Insured to be preceded by the words « read and approved »

Name of the Insured in capital letters

Date (dd/mm/yyyy)

Note from the translator: Translation from an original document in French. In case of any discrepancies or misinterpretations resulting from the translation process, the original document in French will always prevail. The translator is not responsible for the contents of this document

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