

This form need not be filled in if the death benefit is to be paid to the deceased's estate

Any changes to the designation of beneficiaries should be submitted to the State Treasury in writing

Validity of the designation of beneficiaries	Until further notice []	
	For a fixed period (please indicate start and end date of validity) []	
The insured	Surname	First names
	Personal identity code	Street address
	Post code	Town or city
Beneficiary/beneficiaries	Beneficiaries' names and personal identity codes	
Signature	In, date	Insured person's signature
	This document was signed by the insured person in our presence	
Witnesses	Signature of witness	Signature of witness
	Name in block letters	Name in block letters
	Contact information	Contact information

Please send the designation of beneficiaries to:

State Treasury
P.O. Box 500
00054 STATE TREASURY