

DESIGNATION OF BENEFICIARIES

I, _____, the undersigned, member no. _____ hereby declare that in the event of my death any amount which remain owed to me by La Mutuelle, after deduction of any debt owed to it, should be paid to:

Full Name	Date of birth	Adress	Phone number / Email address	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby revoke any and all previous declarations made by me concerning the liquidation of my deposits with La Mutuelle and duly note that a designation of beneficiaries not duly filled and signed by me will be considered as null and void.

If any of the beneficiaries predeceases me, his/her share shall be distributed among the surviving beneficiaries in accordance with the percentages stated for them. Should none of the beneficiaries survive me the entire amount shall go to my estate.

This designation of beneficiaries is valid until a revocation in writing has been received by La Mutuelle from me.

I note that the implementation of the foregoing instructions shall release La Mutuelle of all liability in respect of the monies so paid, it being understood, however, that third parties might, in respect of the monies concerned, have claims against the beneficiaries, especially under the applicable succession law.

Place and date: _____ Signature: _____