

APPLICATION FOR TERMINATION OF THE INSURANCE PERIOD

The insurer is ERGO Life Insurance SE (registered in Lithuania), which offers services in Estonia through ERGO Life Insurance SE Eesti Filiaal.

APPLICANT (beneficiary at the end of the insurance period)

First name and last name _____

Personal ID code/
Registry code _____

Place of birth _____ Citizenship _____

Address _____
Street, house number, apartment number (farm, village), postal code, city or rural municipality

Telephone _____ E-mail _____

I am a politically exposed person No Yes Country of tax residence _____

POLICYHOLDER

First name and last name _____ Personal ID code/
Registry code _____

Address _____
Street, house number, apartment number (farm, village), postal code, city or rural municipality

Telephone _____ E-mail _____

I am a politically exposed person No Yes Country of tax residence _____

INSURANCE POLICY No. 70-5 _____ - _____

In connection with the termination of the insurance period, I would like to receive the insurance indemnity.

I would like to receive the insurance indemnity under the terms and conditions agreed in the contract by monthly payment or instalment
 as a single payment

Annexes to the application for the indemnity A copy of the applicant's identity document or a digitally signed application

Please transfer money to bank account No. _____

Please note! The owner of the current account must be the beneficiary pursuant to the insurance policy. _____
First name and surname

I hereby confirm that the information I have submitted is correct and complete. I am aware that in the context of pension insurance, the insurer has the right to verify whether the insured person is alive before making the next payment.

APPLICANT

First name and surname

Date _____
Day, month, year

Signature _____

RECIPIENT OF THE APPLICATION

First name and surname

Date _____
Day, month, year

Signature _____