

Notification of death

@-volulife

Group / subgroup no.: _____ Plan no.: _____ Contract no.: _____

Employer: _____

Identity

Participant

Spouse

Last name: _____

First name: _____

Nationality / language: _____ / _____

Place and date of birth: _____ / _____

Address (street, no., box): _____

Postal code, city: _____

Presumed cause of death: Natural death Accidental death Other Specify : _____

Place and date of death: _____

Family situation at time of death (*): married / legally cohabiting¹ single² widow(er) cohabiting
¹ including "separated" and "legally separated" ² including "divorced"

Form of settlement of the contracts

The benefits insured by the contract should be (*)

paid out as a lump sum to account no. _____
of _____

converted into an annuity in favour of the spouse

Employer's part (*)	Participant's part (*)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(*) Please tick the applicable boxes

In case the fiscal domicile or the seat of your estate is located abroad

In case your fiscal domicile or the seat of your estate is located abroad at the time of settlement of your contracts, we must be informed thereof (with reference to the country concerned). As a matter of fact, in such event, special measures may be required.

Yes my fiscal domicile or the seat of my estate is located abroad at the time of settlement of my contracts.

Identification of the country concerned : _____

Please submit with this document

- an extract of the participant's death certificate, mentioning the place and date of death.
- a copy (both sides) of the beneficiary's/beneficiaries identity card(s) (mandatory). When an electronical identity card is available, a copy of the additional document, if any, delivered by the municipality. Failing such document, a copy of any other official document(**) stating the name and current private address of the participant.
- when the beneficiary(-ies) has/have not been indicated by name and is/are not the spouse: a deed of inheritance issued by a notary giving the last names, first names, dates of birth, civil status and addresses of the participant's legal heirs.
- when the beneficiary(-ies) is/are **minor(s) without surviving father or mother**: the special permission from the justice of peace allowing the guardian to receive the funds.
- in the event of conversion into an annuity: Certificate of existence of the beneficiary(-ies) issued by the municipal authorities of his/her (their) place of residence.

(**) For each signatory, a copy of the latest tax assessment notice or a copy of the flyleaf of the latest tax return, a copy of the registration certificate of the vehicle owned by the beneficiary(ies) or a label sticker of a sickness fund.

Done at _____, on _____

Signature of the beneficiary/ies,

Employer's signature and stamp,