MetLife

# DETERMINATION OF THE BENEFICIARY FORM

MetLife Europe d.a.c.
Irská společnost s reg. č. 415123
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MetLife Europe d.a.c., pobočka pro Českou republiku
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Zapsaná v OR vedeném MS v Praze | sp. zn. A77032
tel. 227 111 000 | info@metlife.cz | www.metlife.cz

Policy number / Number of the Proposal

Name and surname

Maiden Name

Permanent address

Zip code

Date of birth

I hereby state as the beneficiary/beneficiaries with the right to the benefit payment in accordance with the policy conditions the following:

| Name and surname/ The Company of the Beneficiary | % Share | Personal identification number or date of birth or company registration numberg |
|---|---|---|
| | | |
| | | |
| | | |

If the beneficiary stated above dies before me I ask for the equal division of his/her benefit payment among the remaining beneficiaries. If there is no beneficiary named the corresponding valid legal enactment are valid for the benefit payment.

## Declaration of the insured

I hereby authorise the insurance company and/or its designated medical facilities to verify information about my health condition and require submission of such information, including relevant medical records, and I relieve physicians from the duty of confidentiality, even after my death. I understand that the insurance company obtains such information for the purpose of investigation of insured events. Further, I hereby authorise the insurance company in connection with loss events to inspect the files of public authorities and other entities, including documents on the cause of death, and make copies of and extracts from such files. A copy of this statement has the same validity as the original.

Employee´s signature

Signature was attested by

According to

Signed in

Date

Stamp

**The instruction for filling in:**
The entry „Beneficiary“(person to whom the benefit payment will be paid off in case of the death of the insured) is possible to fill in by more methods:

a) name the person – for personal entity: name, surname and personal identification number or birth date, for legal entity: the company and company registration number,
b) name more persons – if you do not state the share then it will be divided equally,
c) name more persons and state their share on the benefit (for example the wife 50%, children each 25%),
d) it is possible not to name any beneficiary – in such case it will be the person assigned by the valid legal enactment,
e) in case that the policy acts as the funding for the loan provided to you and the beneficiary is the legal entity providing the loan write into the cell „NAME AND SURNAME/ THE COMPANY OF THE BENEFICIARY“ the company (business name) and company registration number of the legal entity which is providing the loan to you.

You can change the beneficiary named by you whenever during the insurance effectiveness, always on the Determination of the beneficiary form.

Information regarding processing of personal data is provided in the Data Privacy Notice at www.metlife.cz under „personal data processing“ (“zpracování osobních informací”).

**Please sign the form and send it in scanned form from your e-mail address, which was assigned to you by the policyholder (with the suffix @intl.att.com) to the e-mail address of the insurer: bela.bursova@metlife.cz. In the subject of the e-mail, please state: AT&T form for insurance contract no. 100.387.**