

VAUDOISE LIFE – Insurance Company Ltd.
Place de Milan – P.O Box 120
1001 Lausanne
 http://www.vaudoise.ch

[_____]	[_____]
Policy no.	Agency no.
[_____]	[_____]
Currency (CHF/EUR/USD)	Amount of payment

This form is to be completed in case of payment of one of the following insurance benefits (exhaustive list):

- *Maturity and partial maturity*
- *Total surrender and partial surrender*
- *Death benefit*
- *Loan*
- *Surplus participation*
- *Life annuity, flexible annuity, term annuity*
- *Disability pension*
- *One-time withdrawal, Serenity bonus withdrawal*

Payment address

Country of the account linked to the payment: CH

Parties

1. Policyholder / contracting party

<input type="checkbox"/> Natural person	<input type="checkbox"/> Legal entity
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	
Last name, First name:	Company:
Address:	Address:
Postcode/town:	Postcode/town:
Country:	Country of company domicile:
Nationality(ies):	
Date of birth:	
Reason for payment:	

2. Holder of postal or bank account

To be completed only if the account holder is not:
 > *the policyholder / contracting party mentioned under section 1,*
 > *the beneficiary of the death benefit mentioned under section 3.*

Please complete a separate form for each account holder!

<input type="checkbox"/> Natural person	<input type="checkbox"/> Legal entity
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	
Last name, First name:	Company:
Address:	Address:
Postcode/town:	Postcode/town:
Country:	Country of company domicile:
Nationality(ies):	
Date of birth:	
Relationship between the policyholder / contracting party and the account holder:	

Section reserved for death benefit payment (according to the beneficiary clause)

3. Beneficiary of the death benefit

To be completed only if the beneficiary is not the policyholder / contracting party mentioned under section 1.

Please complete a separate form for each beneficiary!

Natural person

Legal entity

Mr.

Mrs.

Last name, First name:

Company:

Address:

Address:

Postcode/town:

Postcode/town:

Country:

Country of company domicile:

Nationality(ies):

Date of birth:

Relationship between the policyholder / contracting party and the beneficiary of the death benefit:

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Documents that must be attached to the additional payment information

For each party "natural person":

- A legible copy of the front and back of a valid and signed identity document (identity card, passport or residence permit).

For each party "legal entity":

- Company registered in the commercial register:
 - A copy of the extract from the commercial register not more than 12 months old.
 - A legible copy of the front and back of a valid and signed identity document (identity card, passport or residence permit) of the signatories of the documents required by Vaudoise Life.
 - A copy of a current signature card of all persons with signing authority if the signing authority is not visible on the copy of the extract from the commercial register.
- Company not registered in the commercial register:
 - A copy of a document equivalent to the extract from the commercial register not more than 12 months old.
 - A legible copy of the front and back of a valid and signed identity document (identity card, passport or residence permit) of the signatories of the documents required by Vaudoise Life.
 - A copy of a current signature card of all persons with signing authority.

FATCA / AEoI: *for unrestricted "pillar 3b" individual insurance policies with a savings component.*

- A tax identification and self-declaration form for each party "natural person or legal entity" if different from the policyholder / contracting party.

This form is not required for persons who have already completed and signed an "Edition 01.2017" or later edition of the said form, unless new data impacts their tax status.

In the presence of several parties, the forms "Additional payment information" and "Tax identification and self-declaration" can be requested at your agency or downloaded from the following address on our website: www.vaudoise.ch

Signatures

.....
Place and date

.....
The policyholder / contracting party (or his / her legal representative)

.....
Place and date

.....
The beneficiary of the death benefit (or his / her legal representative)
(if different from the policyholder / contracting party)