

Beneficiary declaration

Continuation form if you wish to appoint additional beneficiaries

Name Civil reg.no.

Address

Postcode..... City Daytime tel. no.

I hereby appoint the below-mentioned beneficiary/beneficiaries in addition to the beneficiaries stated in the beneficiary declaration. The subsidiary appointment of beneficiaries remains the same as in the beneficiary declaration.

Name Civil reg.no.

Address

Postcode..... City Daytime tel. no.

Share of disbursement in per cent %

Their relation to me (**must** be ticked off):

Spouse or registered partner Child or its descendants Stepchild* or its descendants

Cohabiting partner with joint address Separated or divorced spouse/registered partner Other (write the relation):
.....

Cohabiting partner's child or its descendants – also fill in the below

Name of cohabiting partner Civil reg. No. of cohabiting partner

* Spouse's/cohabiting partner's own child (also after a separation or a divorce).

Name Civil reg.no.

Address

Postcode..... City Daytime tel. no.

Share of disbursement in per cent %

Their relation to me (**must** be ticked off):

Spouse or registered partner Child or its descendants Stepchild* or its descendants

Cohabiting partner with joint address Separated or divorced spouse/registered partner Other (write the relation):
.....

Cohabiting partner's child or its descendants – also fill in the below

Name of cohabiting partner Civil reg. No. of cohabiting partner

* Spouse's/cohabiting partner's own child (also after a separation or a divorce).

Beneficiary declaration

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Name _____ Civil reg.no. _____

Address _____

Postcode _____ City _____ Daytime tel. no. _____

Share of disbursement in per cent _____ %

Their relation to me (**must** be ticked off):

<input type="checkbox"/> Spouse or registered partner	<input type="checkbox"/> Child or its descendants	<input type="checkbox"/> Stepchild* or its descendants
<input type="checkbox"/> Cohabiting partner with joint address	<input type="checkbox"/> Separated or divorced spouse/registred partner	<input type="checkbox"/> Other (write the relation): _____
<input type="checkbox"/> Cohabiting partner's child or its descendants – also fill in the below		
Name of cohabiting partner _____ Civil reg. No. of cohabiting partner _____		

* Spouse's/cohabiting partner's own child (also after a separation or a divorce).

If you wish to appoint more beneficiaries, than there is room for on this form, you need a continuation form which you must complete and forward to PFA together with this form. You can acquire the continuation form on www.pfa.dk or by calling PFA at (+45) 70 12 50 00.

I enclose another continuation form.

This beneficiary clause applies to disbursements in the event of death on all your present insurance policies placed in or administered by PFA Pension, where it is possible to appoint the above-mentioned person/s as beneficiary/beneficiaries without any tax implications.

If you have stated on the beneficiary declaration that this appointment of beneficiaries should apply only to one insurance policy, the same shall apply on the appointment of beneficiaries on this continuation form.

Date _____ Signature _____

Civil reg. No. _____