



Power of Attorney

Mr/Ms/Company: _____

Address: _____

Postcode/town: _____

Date of birth/ Country of birth/
Date of foundation: _____ Place of foundation: _____

All nationalities: _____ Home phone/Mobile: _____

E-mail: _____

as the policyholder of the Generali Life Insurance Policy with the

Policy no.: _____

grants the following person(s)/company

Mr/Ms/Company: _____

Address: _____

Postcode/town: _____

Date of birth/ Country of birth/
Date of foundation: _____ Place of foundation: _____

All nationalities: _____ Home phone/Mobile: _____

E-mail: _____

a power of attorney for the above-mentioned insurance policy within the scope of:

- to obtain information of any kind
- to give instructions for contract alterations and/or contract terminations with the right to receive funds and confirm receipt of these
- individual power of attorney (please describe in detail)

- The address of the representative must also be registered as legal mailing address (i.e. Generali is entitled to send all correspondence relating to this contract – including all invoices and reminders – to the representative)

Relationship with the policyholder (e.g. spouse, parents, etc.):

Reason for authority:

valid as of: _____

valid until: until revoked or on my death.



Identification of beneficial owner (generally the premium payer)

As the policyholder, I hereby declare

that I am the **sole** beneficial owner, i.e. that I own the money that is to be transferred to Generali.

Source of the money (e.g. salary, pension): _____

OR

that the **following** natural person(s) is/are the beneficial owner(s) of the money to be transferred to Generali (in the case of a joint account, for example, there may be several beneficial owners):

An easily legible copy/photograph of the valid form of identification (for Swiss nationals, a passport, identity card or driver's license; for foreign nationals, a residence permit) of the beneficial owner/s is to be included with this form.

Beneficial owner 1

Surname: _____ Date of birth: _____

First name: _____ Country of birth: _____

Street: _____ All nationalities: _____

Postcode/Town/
Country: _____ Occupation: _____

Sector (e.g. chemical industry, construction) / employer: _____

Relationship to the policyholder (e.g. spouse, parents): _____

Source of the money (e.g. salary, pension): _____

Beneficial owner 2

Surname: _____ Date of birth: _____

First name: _____ Country of birth: _____

Street: _____ All nationalities: _____

Postcode/Town/
Country: _____ Occupation: _____

Sector (e.g. chemical industry, construction) / employer: _____

Relationship to the policyholder (e.g. spouse, parents): _____

Source of the money (e.g. salary, pension): _____

If the premium payer is a legal entity or a partnership, Form BE129 needs to be completed and submitted.

Place, date

Signature of the policyholder

Place, date

Signature of the representative
(Please enclose a copy of an official identification paper
from which your current signature is visible)