

### Company information (the policy holder)

|               |                      |                               |
|---------------|----------------------|-------------------------------|
| Company name: | Organisation number: | Policy number (if available): |
|---------------|----------------------|-------------------------------|

### Personal data

|                        |                                       |
|------------------------|---------------------------------------|
| Last name, first name: | National identity number (11 digits): |
| E-mail address:        | Phone number:                         |

**What is a beneficiary?:** Compensation in the event of death is paid to the deceased's spouse, cohabitant or heirs by law or according to a will.

**Cohabitant:** A cohabitant is a person who falls under the definition of cohabitant that is applicable at all times in the General Insurance Terms and Conditions for Personnel Insurance.

**Who can be a beneficiary?:** If your policy gives you the opportunity to do so, you can make whoever you want a beneficiary. Just remember, a person will be your beneficiary until you give written notice that you no longer want them to be your beneficiary or you name someone else as your beneficiary. Your insurance certificate specifies whether you may name beneficiaries.

**Please note:** Death benefits that are coordinated with Occupational Injuries/Occupational Diseases and/or Leisure Injuries, which do not allow you to name beneficiaries, are paid in accordance with the Norwegian Act relating to workers' compensation insurance and/or insurance terms and conditions. Any remaining balance is paid to your beneficiary/beneficiaries. Check your insurance certificate to see which insurance coverage and coordination rules apply.

### Information about naming beneficiaries

If the entire sum insured is not to accrue to one beneficiary, the distribution between the beneficiaries must be stated as a percentage. When you name beneficiaries, it will apply to all death benefits that permit you to deviate from the payment sequence. This applies to Group life insurance and Group accident insurance. Naming beneficiaries does not apply to any child supplement.

### Naming beneficiaries

I name the following beneficiaries of the sum insured paid in the event of my death:

| Name | National identity number (11 digits) | Percent % |
|------|--------------------------------------|-----------|
|      |                                      |           |
|      |                                      |           |
|      |                                      |           |
|      |                                      |           |

### More than 4 beneficiaries

If more than 4 persons shall be appointed as beneficiaries, please use an extra sheet of paper. This sheet must be attached to this form and be forwarded to DNB. If an extra sheet is used, please sign the attachment too. Unless otherwise specified, the sum insured will be divided equally among the persons named as beneficiaries.

|             |            |
|-------------|------------|
| Place/Date: | Signature: |
|-------------|------------|

You can send this form in the post to: DNB Livsforsikring AS, Personalforsikring, Postboks 7500, 5020 BERGEN, NORWAY

You can also send this form by email to: [personalforsikring@dnb.no](mailto:personalforsikring@dnb.no). If you choose to send the form electronically, please note that you must send it as an encrypted email, as the form contains your national identity number.

