



**LIFE INSURANCE BENEFIT REQUEST FORM**  
**(in case of Loss of Life of the insured person)**  
*(To be filled by beneficiary/ies in individual copies in case of more than one)*

**Policy Number:** ..... **Policyholder (The Employer)**.....

**The claimant/beneficiary details:**

Name / Father's Name/ Surname: .....  
 Address: .....  
 Birthdate: .....  
 Phone: .....  
 E-mail: .....

**Documents required attached to the Request:**

- Noterized copy of Identity Document of the beneficiary;
- Beneficiary Legal Proof;
- If the beneficiary is under 18 years old, the claimant must submit a Custody Legal Document proving who is the Legal Custody of the beneficiary.

**Beneficiary**

Name/Father's name/Surname:	_____	Birthdate( day/month/year)	_____
Address:	_____		
Nationality 1	_____	ID Number	_____
Nationality 2	_____	ID Number	_____
Fiscal Residency	Albania	<input type="checkbox"/>	Personal Number
	SHBA	<input type="checkbox"/>	SSN
	Other	<input type="checkbox"/>	Issuance place
Bank Account Details	Bank	_____	
	IBAN	_____	

I, \_\_\_\_\_, certify that the information provided in the Life Insurance Benefit Request Form is accurate to the best of my knowledge. I understand that false information or the provision of a false statement (including false declaration) will be my own responsibility, no matter when the error, omission or misrepresentation is discovered.

Place ..... Date.....

.....  
 (Name Surname Signature of the Claimant/Legal Representative person of the Claimant.)

Submission Date of the Request \_\_\_\_\_ *(To be filled by SIGAL Life Uniqa Group AUSTRIA)*