

APPLICATION FOR THE APPOINTMENT/CHANGE OF BENEFICIARIES IN THE ACCIDENT INSURANCE

Insured:

Surname: Name(s):
Date of birth: Place of birth:
Sex: ☐ Female ☐ Male
PESEL (Personal ID No): or Passport number:

Address of residence:

Street:
Building No: Apartment No: City/Town:
Postal code: Post office:

Insuring party:

Name of the insuring party:
Policy No:

Disposition:

I hereby indicate the following Beneficiaries:

Item	Name and surname	Date of birth	PESEL (Personal ID No)	Kinship level	Benefit (%)
1					
2					
3					
				Total:	100%

The appointment/change of Beneficiaries shall apply from: (no earlier than from the date of receipt of this Application by the Insurer).

.....
date

.....
signature of the Insured

The controller of your data for the purpose of insurance coverage is LMG Försäkrings AB S.A. with its registered seat in Stockholm (102 51), Sweden, Box 27093, acting via its Branch in Poland with its registered seat in Warsaw (02-678) at Szturmowa 2 Street (hereinafter referred to as "LMG"). Provision of your personal data is voluntary; however, it is necessary to enable us to verify your identity as the person insured by LMG and accept your instruction on the appointment/change of the beneficiaries under your insurance. We process your personal data for the period of insurance coverage, and period of limitation of claims resulting from the civil code. In all matters regarding processing of your personal data by LMG you can contact our Data Protection Officer available at daneosobowe@luxmed.pl. Full information on how LMG processes your personal data can be found on our website and it also constitutes an attachment to your insurance contract.