æevitæ

Aevitae

P.O. Box 2705

6401 DE Heerlen

Provision of Bank Account Number for Reimbursement of Declarations

The undersigned

Name:

Address:

Postal code and town./city:

Contract number:

Hereby requests Aevitae to transfer the claim reimbursement due to him/her from now on to:

Account number (IBAN): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

In name of:

Address:

Postal code and town/city:

Town/city: _____ Date: ___ ___ - ___ ___ - ___ ___ ___ ___

Signature:

Reimbursement of declarations can only be transferred to the policyholder.

Please return fully completed within 10 days. If you do not respond within this period, we will continue to use the account number you provided previously.