

## APPLICATION FOR TERMINATION OF THE INSURANCE PERIOD

The insurer is ERGO Life Insurance SE (registered in Lithuania), which offers services in Estonia through ERGO Life Insurance SE Eesti Filiaal.

### APPLICANT (beneficiary at the end of the insurance period)

First name and last name \_\_\_\_\_

Personal ID code/  
Registry code \_\_\_\_\_

Place of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Address \_\_\_\_\_  
Street, house number, apartment number (farm, village), postal code, city or rural municipality

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I am a politically exposed person No  Yes  Country of tax residence \_\_\_\_\_

### POLICYHOLDER

First name and last name \_\_\_\_\_ Personal ID code/  
Registry code \_\_\_\_\_

Address \_\_\_\_\_  
Street, house number, apartment number (farm, village), postal code, city or rural municipality

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I am a politically exposed person No  Yes  Country of tax residence \_\_\_\_\_

**INSURANCE POLICY No. 70-5** \_\_\_\_\_ - \_\_\_\_\_

In connection with the termination of the insurance period, I would like to receive the insurance indemnity.

I would like to receive the insurance indemnity  under the terms and conditions agreed in the contract by monthly payment or instalment  
 as a single payment

Annexes to the application for the indemnity  A copy of the applicant's identity document or a digitally signed application

Please transfer money to bank account No. \_\_\_\_\_

Please note! The owner of the current account must be the beneficiary pursuant to the insurance policy. \_\_\_\_\_  
First name and surname

I hereby confirm that the information I have submitted is correct and complete. I am aware that in the context of pension insurance, the insurer has the right to verify whether the insured person is alive before making the next payment.

### APPLICANT

\_\_\_\_\_  
First name and surname

Date \_\_\_\_\_  
Day, month, year

Signature \_\_\_\_\_

### RECIPIENT OF THE APPLICATION

\_\_\_\_\_  
First name and surname

Date \_\_\_\_\_  
Day, month, year

Signature \_\_\_\_\_