

Instruction to transfer insurance capital to another insurer



1. Insurance policy FROM which the capital is to be transferred

Insurer (transferring)	Insurance number
Policyholder	Corporate identity number/personal identity number
Coordination number*	Foreign Tax Identification Number and issuing country**
Person insured (if other than the policyholder)	Personal identity number
Coordination number*	Foreign Tax Identification Number and issuing country**
Category <input type="checkbox"/> Private pension insurance <input type="checkbox"/> Occupational pension insurance <input type="checkbox"/> Collective agreement pension insurance, area:	

*To be specified by natural persons who do not have a Swedish personal identity number.

**To be specified by natural persons who are only subject to limited taxation in Sweden and by natural persons who are subject to unlimited taxation in Sweden and whose habitual residence is in a State or jurisdiction other than Sweden. Information on the foreign tax identification number is needed to enable the transferring insurer to send a statement of income, which is a requirement when transferring insurance capital.

<p>I/We hereby terminate the above insurance contract and wish to have the insurance capital transferred to the insurance policy specified below.</p> <p>I/We are aware that the insurance policy will cease to apply as a consequence of the transfer of the insurance capital and that I/we then have no claims against the transferring insurer in respect of the terminated insurance policy. I/We understand that adjustments may be made, and transfer fees may be deducted from my/our insurance capital before the transfer.</p> <p>I/We agree that the transferring insurer is entitled to request health documents in the event of a health assessment.</p> <p>I/We are aware, accept and take full responsibility that if a transfer of capital in accordance with this instruction takes place between insurance policies which do not both meet all the requirements of a pension insurance policy under the Income Tax Act I/we may be subject to additional personal taxation under the Income Tax Act.</p> <p>I/We approve the transfer of the insurance capital to the insurer specified below as soon as the transferring insurer has received the required documents and finished processing the case. Otherwise the transfer will be made at the time indicated by the insurance terms and conditions.</p>
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<p>Certificate of sole ownership</p> <p>If the person insured also has authority to sign for the company in the case of company-owned occupational pension insurance:</p> <p><input type="checkbox"/> I hereby certify that I own all shares in the company directly or indirectly through a legal person and that I can thereby sign an instruction to transfer both as the insured person and as representative of the policyholder.</p>

2. Signature

Date	Policyholder	Name in print
Date	Person insured (if other than the policyholder)	Name in print
Date	Irrevocable beneficiary (where applicable)	Name in print

3. Insurance policy TO which the capital is to be transferred

<p>Receiving insurer's certification concerning pension insurance</p> <p>The receiving insurer certifies, and takes full responsibility, that the insurance policy that is to receive the insurance capital meets all the requirements of a pension insurance policy under the Income Tax Act and that this insurance policy is not an individual pension savings account (IPS). Furthermore, the receiving insurer certifies, and takes full responsibility, that the insurance policy has the same person insured as the insurance policy from which the insurance capital is transferred under point 1 above and that payment has not been started from the receiving insurance policy.</p>		
Bank giro (not OCR blocked)	Reference/Insurance number	
5256-5397		
Category <input type="checkbox"/> Private pension insurance <input type="checkbox"/> Occupational pension insurance <input type="checkbox"/> Collective agreement pension insurance, area:		
Insurer	Address	Corporate identity number
Futur	Box 24012, 104 50 Stockholm	516401-6643
Date	Signature – authorised representative of the insurer	Name in print
E-mail	Telephone number	
flyttservice@futur.se		

Administrator/advisor – contact person

Name	E-mail