

1. Pénztártag adatai - Data of the Fund Member

Data marked with an asterisk (*) are mandatory. Please sign all pages!

Pénztártag neve*/Name				Member ID	
Születési idő */Date of birth	y	m	d	Place of birth*	
Anyja születési neve*/ Mother's birth name*					

2. Halálesi kedvezményezettek megjelölése – Nomination of death beneficiaries

In the event of my death, I request that the balance of my personal account be made available to the following person(s) in the proportions indicated:

Kedvezményezett neve*/ Name of the beneficiary					
Születési név*/ Birth name					
Születési idő*/Date of birth	y	m	d	Place of birth*	
Anyja születési neve */ Mother's birth name*				* Eligibility ratio ²	%

Kedvezményezett neve*/ Name of the beneficiary					
Születési név*/ Birth name					
Születési idő*/Date of birth	y	m	d	Place of birth*	
Anyja születési neve */ Mother's birth name*				* Eligibility ratio ²	%

Kedvezményezett neve*/ Name of the beneficiary					
Születési név*/ Birth name					
Születési idő*/Date of birth	y	m	d	Place of birth*	
Anyja születési neve */ Mother's birth name*				* Eligibility ratio ²	%

² If more than one person is entered, the **sum of the percentage entitlement (share) ratios given for the beneficiaries in the event of death must be 100%**! If a previously specified death beneficiary is entered and/or deleted, the percentages must be adjusted accordingly.

Alulírott a korábban bejelentett halálesi kedvezményezett **törlését** kérem – I, the undersigned, request the **deletion** of the previously reported death beneficiary:

Name of beneficiary:		Date of birth			
Name of beneficiary		Date of birth			

With my signature, I acknowledge that I have read the Fund's [Privacy Policy](#), which can be found on the Fund's website (www.medicoveregeszsegpenztar.hu), and I acknowledge its contents.

Date: _____, _____ year ____ month ____ day

Signature of the person entering the Fund

In order to designate a death beneficiary, at least a private document representing conclusive evidence, i.e. the signature of at least two witnesses, is required, without which the designation cannot be accepted. The designated death beneficiary cannot appear as a witness.

Witness1. name*		Witness2. name*	
Witness1. permanent address*		Witness2. permanent address*	
Witness1. signature*		Witness2. signature*	

Pénztár tölti ki! The Fund fills this out!

Rögzítés dátuma: _____

Rögzítette: _____