

## Application Form for Designated Beneficiary

**投保单位 Policy Holder:**

**所在分支机构 Policy Branch:** \_\_\_\_\_ (请用签字笔书写并签字 Please write and sign with a pen)

**被保险人(员工)资料 Insured Information**

被保险人工号 Employee No.	被保险人中文姓名 Chinese Name	被保险人英文姓名 English Name	身份证/护照号码 ID/Passport No.
邮编 Post Code	通讯地址 Address	联系电话 Contact No.	

**受益人资料**

受益顺序 Benefit Order	姓名 Name	有效证件号码 Valid Identity Certificate No.	与被保险人关系 Relationship with the Insured	受益比例 Benefit Proportion
第一顺序 The First Order				
第二顺序 The Second Order				

**被保险人声明 Declaration of the Insured**

我完全授权奥多比系统软件（北京）有限公司（公司全称）作为投保人，为我向中意人寿保险有限公司北京分公司(以下称“中意”)投保团体保险。我知道我有权利在保单有效期内任何时候以书面形式指示变更我的人身险受益人。我已审核我的受益人指定表并确认它完全代表我的个人意愿。

I fully authorize Adobe System Software (Beijing) Co. Ltd. (company full name) as the policyholder of my group insurance by Generali China Co., Ltd Beijing Branch (herein after referred to as "Generali China"). I know that I have the right to alter my insurance beneficiary in writing instructions at any time within the effective period of the policy. I have looked through my Beneficiary Designation Form and acknowledge that it absolutely represents my personal will.

注释 Note:

1. 被保险人签名栏，其签名应与有效证件所载姓名相符； In the signature column, the insured's signature should match the name on the valid identity certificate.
2. 受益比例栏，同一顺序受益比例相加应为100%。 In the Benefit Proportion column, the sum of the benefit proportion of the same benefit order should be 100%.

被保险人签名 Signature of the Insured:

签署日期 Date: