

**PERSONAL ACCIDENT INSURANCE DESIGNATION**

1. **Policyholder/Employer** .....
2. **Employee/Dependent** .....
- Address .....
- Age ..... years                      Date of birth .....
- An official supportive document to prove age ..... ID.No .....

3. **Beneficiary**

	<b>Name</b>	<b>Age</b>	<b>Relationship</b>
1)	.....	.....	.....
2)	.....	.....	.....
3)	.....	.....	.....
4)	.....	.....	.....
5)	.....	.....	.....
6)	.....	.....	.....

Total Number of the above beneficiary ..... person(s)

I am authorize ..... to be will manager.  
At ..... Date.....Month ..... Year.....



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Signature.....  
( )

(Employee/Family Member Requesting Appointment of Beneficiary)

.....  
Witness

.....  
Witness

Name (print) .....  
Address .....  
Occupation .....

Name (print) .....  
Address .....  
Occupation .....

**Suggestion:** Please specify the relationship between the insured and the beneficiary. For the Insured under 20 years of age By law (below 20 years of age) must also identify the person who distributes benefits on behalf of minors

หมายเหตุ / Remark  
หากท่านกรอกข้อมูลข้างต้นสมบูรณ์ครบถ้วนเรียบร้อยแล้ว กรุณาส่งเอกสารมายัง e-Mail [th-membership@allianz.co.th](mailto:th-membership@allianz.co.th)  
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