

# Change of Nominated Beneficiaries

To: SNA S.A.L.  
Hazmieh – Lebanon

I, the undersigned \_\_\_\_\_, owner of contract no. \_\_\_\_\_

kindly ask you to change the existing nominated beneficiaries to become as follows:

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As of the date: \_\_\_\_\_

Find attached the original contract for amendment.

By signing this format, I hereby acknowledge having been provided with SNA S.A.L.'s Privacy Notice (available at the company's website: [www.sna.com.lb](http://www.sna.com.lb)) and thus give my consent to SNA S.A.L. to process my personal data for the purposes set out therein and to share my personal data with third party entities SNA S.A.L. treats with.

I am entitled at all times to access and/or rectify and/or complete and/or update my personal information by reaching out to SNA S.A.L.

I also agree and acknowledge that SNA S.A.L. may periodically change, modify or otherwise revise the Privacy Notice without prior notification; my right of access, rectification and/or update of my personal data being respected at all times.

*The below data is mandatory to proceed with the request*

Mobile: \_\_\_\_\_ / \_\_\_\_\_ E-Mail: \_\_\_\_\_@\_\_\_\_\_

Date : \_\_\_\_\_

Signature :

## Beneficiary's approval in case policy issued for a loan

Date : \_\_\_\_\_ Beneficiary Stamp and Signature :

*Signing this document does not bind the company to complete the endorsement to the existing insurance.*

