



ING Lion Assistance Insurance

Change to the annual insurance policy

Branch number: _____
Contact: _____
Telephone: _____

Policy number: 721 - _____ - _____
Date: ____ / ____ / ____
ING Account: ____ - _____ - _____

Any changes made in relation to a temporary policy are carried out replacing this policy with a new policy (see point 3 of the termination request)

1. Personal data

Surname: _____ First name: _____

2. Update cover

Cover		with effect from
<i>1. Insured person(s)</i>		
θ I would also like to insure the members of my family		____ / ____ / ____
θ I would like to be the only insured party on my insurance policy		____ / ____ / ____

3. Remarks

- I do not have an ING account, so I would like all premium repayments to be made to my account:

IBAN: _____ BIC: _____

- Other remarks: _____

The change requested will come into effect at the earliest on the date on which the request form is received at the following address:

ING Lion Assistance – Response number 3 – DA 852-156-3 – 1040 Brussels

The change will be confirmed in a rider.

4. Compulsory signature of the policyholder:

The insurer:

Inter Partner Assistance SA/NV, insurance company, registered under code number 0487.

Registered office: Avenue Louise/Louizalaan 166, Box 1, B-1050 Brussels – Brussels Register of Companies – VAT BE 0415.591.055.

BIC: BBRUBEBB – IBAN: BE66 3630 8057 8243.