

# SWISS BANKS SETTLEMENT INSURANCE POLICY CLAIMS FORM

FOR OFFICE USE ONLY  
CLAIM NUMBER

DATE

## CONFIDENTIAL CLAIM FORM

Please fill in this form as completely as possible and to the best of your knowledge. **You must answer each question marked with a black numbered box (for example 2.1) so we can proceed with your claim.** Estimates or approximations based on your knowledge may be helpful and should be included, however, **please do not guess at any answers.** Responses such as “don’t know” or “not applicable” or “can’t remember”, for example, are acceptable. If you need more space please use the last page for any extra information. If you are claiming for more than one policy, please complete a separate form for each policy.

Please be sure that you have (1) signed Declaration of Consent and Release, Covenant Not To Sue and Jurisdictional Acknowledgement in the space provided, (2) enclosed proof of identity (e.g. copy of passport), and (3) enclosed any other documents and/or statements and/or information substantiating your claim.

**0.1** **Signature of claimant** \_\_\_\_\_  
**Place signed** \_\_\_\_\_  
**Date signed** DAY /MONTH /YEAR

**0.2** If you have a representative he/she must sign here  
**Signature of representative** \_\_\_\_\_  
**Place signed** \_\_\_\_\_  
**Date signed** DAY /MONTH /YEAR

## 1 GENERAL INFORMATION

**1** **Was the policyholder, beneficiary and/or insured a Victim or Target of Nazi Persecution?**

The term “policyholder” refers to the person who bought the insurance contract. The term “beneficiary” refers to the person entitled to receive the insurance payment. Note that the term “insured person” refers to the person who was covered by the insurance.

Yes  No

Victim or Target of Nazi Persecution means any individual, corporation, partnership, sole proprietorship, unincorporated association, community, congregation, group, organization, or other entity persecuted or targeted for persecution by the Nazi Regime because they were or were believed to be Jewish, Romani, Jehovah’s Witness, homosexual, or physically or mentally disabled or handicapped.

**1**

**INFORMATION ABOUT YOURSELF**

Please add a copy of your passport/identity card/  
driver's license/other form of official documentation.

**Do not send us the original.**

**2.1** *Last name* **2.1**

**2.2** *First name* **2.2**

2.3 Middle names(s) 2.3

**2.4** Maiden name (if applicable) **2.4**

2.5 Sex  Male  Female 2.5

2.6 Name changes including changes of spelling (if any) 2.6

(Please provide the date of the name change,  
and if available, official documentation)

2.7 Date of birth (day/month/year) 2.7

2.8 Place of birth (country/state/city) 2.8

2.9 Citizen 2.9

When was it acquired if not by birth?  
All former citizenship (if any) and from when  
to when?

**2.10** *Current address* **2.10**

Please include country  
and area codes for  
telephone/fax  
numbers

**Street, No.**

**City**

**State**

**Zip Code**

**Country**

**Telephone**

**Fax**

2.11 Name, address and telephone number of a relative of yours 2.11

3.1

*Name of company*  
 (Please refer to the list of Participating Insurance Carriers on Exhibit 1)

- The name of the company is: \_\_\_\_\_  
 \_\_\_\_\_
- I do not know the name of the company, but the reason that I believe that one of the Participating Insurance Carriers may have issued the policy is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.2 Place where insurance policy was purchased Country \_\_\_\_\_  
 State \_\_\_\_\_  
 City \_\_\_\_\_

3.3 Other information which might support the search (e.g. name of insurance agent or intermediary who sold the policy, letterhead, corporate logo etc). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4.1

*Can you provide us with copies of any document and/or statement and/or other information substantiating your claim?*

No  Yes

If yes:  policy  
 correspondence  
 premium payments  
 other documents and/or statements and/or other information, please specify:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO ENSURE PROMPT AND ACCURATE PROCESSING OF YOUR CLAIM PLEASE ENCLOSE COPIES OF ALL DOCUMENTS IN YOUR POSSESSION.**

## 5 WHAT DO YOU KNOW ABOUT THE INSURANCE POLICY?

5

5.1 Type of insurance policy 5.1

- Life insurance  
 Annuity  
 Endowment  
 Dowry or education  
 Other, please specify:
- 
- 

5.2 Policy number 5.2

5.3 Currency 5.3

5.4 Face Value 5.4

5.5 Date of issue (Reasonable estimates of the date the policy was purchased/issued, based on your knowledge, may be helpful to determine your claim and should be included. However, if you have no reasonable idea when the policy was issued/purchased, **please do not guess**.) 5.5

5.6 Date of maturity 5.6

**5.7** Are you aware of any payments out of the insurance policy? **5.7**

- Yes  No

If yes:

When?

To Whom?

Amount?

**Please specify type of payment below:**

- Payment to a blocked account**  
(an account held in the policyholder's name to which access was restricted i.e. transactions were possible only when permitted by government)
- Payment to a government following confiscation of the policy**  
(policy was confiscated by government and proceeds were subsequently to be paid by company directly to government)
- Policy loan or advance**  
(a loan against the policy provided by the insurance company to the policyholder)
- Surrender payment**  
(early surrender of policy to the company in order to receive the surrender value in cash)
- Settlement payment**  
(payment by the insurance company to settle a claim relating to the policy, including upon maturity of the policy or the death of the insured)

- 5.8 Mode of payment of the premium: 5.8  
 Single payment  
 Weekly/monthly/annual payment
- 
- 5.9 Amount of premium 5.9
- 
- 5.10 To the best of your knowledge, 5.10  
were all premiums paid?  
\_\_\_\_\_  
If not, for how long were payments made?  
\_\_\_\_\_  
Why were the payments stopped?  
\_\_\_\_\_
- 
- 5.11 Has anybody approached the insurance company about 5.11  
this insurance policy?  
If yes, please specify name, year etc.  
(Please attach copies of all relevant correspondence with  
the insurance company)

## 6

## POLICYHOLDER

## 6

The term “policyholder” refers to the person who bought the insurance contract. Please write the name as it would appear on an official document such as an insurance policy and include known alternative spellings.

- 6.1** *Last name of policyholder* **6.1**
- 
- 6.2** *First name of policyholder* **6.2**
- 
- 6.3 Middle name(s) of policyholder 6.3
- 
- 6.4** *Maiden name of policyholder (if applicable)* **6.4**
- 
- 6.5 Sex  Male  Female 6.5
- 
- 6.6** **6.6**  
Name changes including changes of spelling (if any), and, if available, official documents relating to the name change. \_\_\_\_\_  
\_\_\_\_\_
- 
- 6.7 Any other names used by policyholder 6.7  
(including aliases) \_\_\_\_\_  
\_\_\_\_\_
- 
- 6.8** *Date of birth of Policyholder (day/month/year)* **6.8**
- 
- 6.9** *Place of birth of policyholder (country/state/city)* **6.9**
- 
- 6.10 If applicable date (day/month/year) and place of death of 6.10  
policyholder or best approximation \_\_\_\_\_  
\_\_\_\_\_

**6.11** **Citizenship of policyholder** **6.11**

When was it acquired if not by birth? \_\_\_\_\_  
All former citizenship (if any) and from when to when? \_\_\_\_\_  
\_\_\_\_\_

6.12 Former known place(s) of residence of policyholder before 1945 including stays in camps, ghettos etc. 6.12

For how long did the policyholder stay at these places? \_\_\_\_\_  
Please add dates where possible \_\_\_\_\_  
\_\_\_\_\_

6.13 If the policyholder was insured by his/her employer, what was the policyholder's profession and name of employer until 1945? 6.13

\_\_\_\_\_

6.14 What is your relationship to the policyholder (e.g. husband, wife, child, etc.)? 6.14

\_\_\_\_\_

**6.15** **Do you know of any other living heirs of the policyholder?** **6.15**

Yes  No  
If yes, please indicate names and addresses \_\_\_\_\_  
\_\_\_\_\_

**7** **INSURED PERSON(S)** **7**

The term "insured person" refers to the person who was covered by the insurance policy.

**7.1** **Last name of insured person(s)** **7.1**

**7.2** **First name of insured person(s)** **7.2**

7.3 Middle name(s) of insured person(s) 7.3

**7.4** **Maiden name of insured person(s) (if applicable)** **7.4**

7.5 Sex  Male  Female 7.5

7.6 Name changes including changes of spelling (if any) 7.6

\_\_\_\_\_  
\_\_\_\_\_

7.7 Any other names used by insured person(s) (including aliases) 7.7

---

---

---

---

**7.8** *Date of birth of insured person(s) (day/month/year)* **7.8**

**7.9** *Place of birth of insured person(s) (country/state/city)* **7.9**

---

---

7.10 If applicable date (day/month/year) and place of death of insured person(s) – or best approximation 7.10

---

---

---

---

**7.11** *Citizenship of insured person(s)* **7.11**

When was it acquired if not by birth?  
All former citizenship (if any) and from when to when?

---

---

---

---

---

---

7.12 Former known place(s) of residence of insured person(s) before 1945 including stays in camps, ghettos etc. 7.12

For how long did the insured person(s) stay at these places?  
Please add dates where possible

---

---

---

---

---

---

---

7.13 What is your relationship to the insured person(s) (e.g. husband, wife, child etc.)? 7.13

---

---

---

**7.14** *Do you know of any other living heirs of the insured person(s)?* **7.14**

Yes  No

If yes, please indicate names and addresses

---

---

---

---

---

---

The term "beneficiary" refers to the person named in the policy as entitled to receive the insurance payment.

**8.1** *Last name of beneficiary* **8.1**

**8.2** *First name of beneficiary* **8.2**

8.3 Middle name(s) of beneficiary 8.3

**8.4** *Maiden name of beneficiary (if applicable)* **8.4**

8.5 Sex  Male  Female 8.5

8.6 Name changes including changes of spelling (if any) 8.6

8.7 Any other names used by beneficiary (including aliases) 8.7

**8.8** *Date of birth of beneficiary (day/month/year)* **8.8**

**8.9** *Place of birth of beneficiary (country/state/city)* **8.9**

8.10 If applicable date (day/month/year) and place of death of beneficiary – or best approximation 8.10

**8.11** *Citizenship of beneficiary* **8.11**

When was it acquired if not by birth?

All former citizenship (if any) and from when to when?

8.12 Former known place(s) of residence of beneficiary before 1945 including stays in camps, ghettos etc. 8.12

For how long did the beneficiary stay in these places?  
Please add dates where possible

8.13 What is your relationship to the beneficiary (e.g. husband, wife, child etc.)? 8.13

---

---

---

**8.14** Do you know of any other living heirs of the beneficiary? **8.14**

Yes  No

If yes, please indicate names and addresses

---

---

---

---

---

---

---

**9** **9**  
**COMPENSATION**

**9.1** Have you or any else participated in any compensation/restitution procedure for this claim? **9.1**

Yes  No  I do not know

If yes, please check all that apply  
(please add BEG or other procedure register number)

- Deutsche Wiedergutmachung, Bundesentschädigungsgesetz (BEG)**
- Bundesrückerstattungsgesetz (BRüG)**
- International Commission on Holocaust-Era Insurance Claims (ICHEIC)**
- German Foundation Initiative (GFI)**
- Österreichisches Entschädigungsgesetz**
- U.S. Foreign Claims Settlement Commission**
- Other, please specify:** \_\_\_\_\_

If yes, how much was paid and to whom?

---

---

---

If you applied, but no payment was received, why not?

---

---





The undersigned hereby authorizes the Participating Insurance Carriers and the Claims Resolution Tribunal ("CRT") to investigate the claim described in the Swiss Banks Settlement Insurance Policy Claims Form (the "Claim") and further authorizes them to make and use copies of documents containing personal data and to use such data to investigate the Claim.

All of the documents described in this Declaration of Consent shall be used only to investigate and/or process the Claim.

The undersigned acknowledges that in order to carry out these investigations, it may be necessary for the Participating Insurance Carriers or the CRT to process personal data. Such data may include sensitive personal data (as defined in European Directive no 95/46, the Data Protection Act 1998 (U.K.), the Swiss Federal Data Protection Act 1992, and other applicable national data protection acts).

Participating Insurance Carriers or the CRT may also need to disclose such data to third parties and to transfer such data to jurisdictions outside the European Economic

Area and/or Switzerland (even if such jurisdictions do not provide the same or equivalent level of protection for personal data as exists in the European Economic Area and/or Switzerland).

The undersigned hereby consents to such processing, disclosure or transfer.

The undersigned also authorizes investigations in all relevant governmental authorities, non-governmental organizations and relevant archives and for such authorities/bodies/organizations to give all requested information, including, without limitation, photocopies of relevant archival materials, to the Participating Insurance Carriers. To facilitate that process the undersigned hereby grants the Participating Insurance Carriers and the CRT power of attorney to obtain all information needed to clarify if the policies described in the Claim were confiscated by the Nazi Regime, if they were subject to restitution proceedings by the Federal German Republic and if restitution was paid. The undersigned also grants the Participating Insurance Carriers and the CRT power of attorney to obtain copies of the available documents.

#### JURISDICTIONAL ACKNOWLEDGEMENT

The undersigned hereby acknowledges that, as set forth in Amendment No. 2 to the Swiss Settlement, participation by a Participating Insurance Carrier in the Swiss Settlement shall not subject the Participating Insurance Carrier to the Jurisdiction of the United States District Court for the Eastern District of New

York or any other state or federal court in the United States, and, as is further set forth in Amendment No. 2 to the Swiss Settlement, the parties to the Settlement shall not argue that any Participating Insurance Carrier is subject to such jurisdiction.

# SIGNATURES

**By signing below**, you agree to the Declaration of Consent, Release and Covenant Not To Sue, and Jurisdictional Acknowledgement above.

NB: All lines must be completed. If answer unknown, write in UNKNOWN.

If signature omitted, write a reason – e.g., DECEASED, LOST CONTACT

**1. Name of Claimant** \_\_\_\_\_ Signature \_\_\_\_\_  
Date of Birth \_\_\_\_\_ DAY \_\_\_\_\_ /MONTH \_\_\_\_\_ /YEAR \_\_\_\_\_ Date signed \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Place signed \_\_\_\_\_  
Address of Claimant \_\_\_\_\_

**2. Name of Policyholder** \_\_\_\_\_ Signature \_\_\_\_\_  
Date of Birth \_\_\_\_\_ DAY \_\_\_\_\_ /MONTH \_\_\_\_\_ /YEAR \_\_\_\_\_ Date signed \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Place signed \_\_\_\_\_  
Claimant's relationship to Policyholder \_\_\_\_\_ or reason for omission of signature \_\_\_\_\_  
Address of Policyholder \_\_\_\_\_

**3. Name of Insured** \_\_\_\_\_ Signature \_\_\_\_\_  
Date of Birth \_\_\_\_\_ DAY \_\_\_\_\_ /MONTH \_\_\_\_\_ /YEAR \_\_\_\_\_ Date signed \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Place signed \_\_\_\_\_  
Claimant's relationship to Insured \_\_\_\_\_ or reason for omission of signature \_\_\_\_\_  
Address of Insured \_\_\_\_\_

**4. Name of the Beneficiary** \_\_\_\_\_ Signature \_\_\_\_\_  
Date of Birth \_\_\_\_\_ DAY \_\_\_\_\_ /MONTH \_\_\_\_\_ /YEAR \_\_\_\_\_ Date signed \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Place signed \_\_\_\_\_  
Claimant's relationship to Beneficiary \_\_\_\_\_ or reason for omission of signature \_\_\_\_\_  
Address of Beneficiary \_\_\_\_\_

## SIGNATURE OF CLAIMANT'S REPRESENTATIVE

*If you have a representative (e.g. attorney) he /she should sign this Declaration of Consent below.*

**5. Name of Representative** \_\_\_\_\_ Signature \_\_\_\_\_  
Date signed \_\_\_\_\_  
Place signed \_\_\_\_\_