



If any of the information required does not apply, please write: NA

This document will not be valid if it has cross-outs or amendments. Please fill out a form for each person related to the claim.

Beneficiary data

Complete name (name, middle name, last name(s))	If you are foreign specify:	
	Resident	No Resident
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mexican Tax ID (RFC if available)	Mexican ID number (C.U.R.P., if available)	Tax ID from the country of origin
<input type="text"/>	<input type="text"/>	<input type="text"/>

Particular address in Mexico (street, external number, internal number, county, zip code, city, state, country)

<input type="text"/>	Telephone number (including area code)
	<input type="text"/>
	Mobile number (including area code)
<input type="text"/>	<input type="text"/>

Home address abroad (street, external number, internal number, county, zip code, city, state, country).  
Mandatory for non-resident foreign beneficiaries

<input type="text"/>	Telephone number (including area code)
	<input type="text"/>
	Mobile number (including area code)
<input type="text"/>	<input type="text"/>

E-mail address (if available)	Date of birth	Country of birth	Nationality
<input type="text"/>	Date   Month   Year	<input type="text"/>	<input type="text"/>

ID type (passport, voting card, FM 1, professional ID)	ID number / folio	ID presented issuing institution
<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation and/or profession	Company name where you work	Digital certificate of advanced electronic signature (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are 20 digits.  
(Example 00000000000000000001)

Specify with an "X" the field that corresponds to your answer

During the last year, have you been a government officer (national or foreign) of high hierarchy or a relevant member of a political party?

Yes No

Have or has been a spouse, parent or son of any of the above mentioned?

Yes No

If you have answered affirmative to any of the above questions, do you have your own business or are you a shareholder of any company?

Yes No

Please attach to the format the following mandatory documents

1. Valid photo ID (passport, professional ID)
2. Proof of address (a receipt of a service, for example, light, water, telephone, gas)
3. Mexican ID number (C.U.R.P.). Only for resident foreign
4. Document that provides their immigration status
5. In the case of no resident foreign beneficiary, a document that provides their entry to the country or residence in the country
6. In the case of no resident foreign beneficiaries, document that contains the tax identification number in their country

Please attach to the format the following documents for foreign resident beneficiaries in the case the data was provided in the previous fields.

7. Mexican Tax ID (RFC)
8. Electronic Signature Certificate

I accept and know that the insurer will not make any payment, until it has satisfactory complied with the identification requirements established in this document. By this means I manifest under protest of telling the truth that I have verified the data and information provided, which is correct, true and up to date.

Name and wet signature of the policy holder, customer and/or beneficiary

Date of when this document is signed

Date Month Year

For legal purposes for which belongs, this document will be considered as an interview. Personal data shall be processed in accordance with the provisions of the "Ley Federal de Protección de Datos en Posesión de Particulares", the relevant regulations and the privacy notice are available in the website [www.aig.com.mx](http://www.aig.com.mx). Please consult the privacy notice before providing your information.

