



Inter-American Development Bank

**RETIREE LIFE INSURANCE PROGRAM
AUTHORIZATION FOR PAYMENT OF BENEFIT**

I, _____ beneficiary of the Life Insurance
of _____,

IDB Retiree ☐

Spouse of Retiree ☐

died on _____, in the city of _____,

request the Inter-American Development Bank the payment of the benefit through the IDB

Representation in _____.

Signature

Date

National Identity Document No. _____
(Attach copy)

Address _____

Telephone _____

E-Mail address _____