

Beneficiary declaration for partner

We ask you to fill in the form and return a signed copy to us. When doing so please observe the following:

- With the beneficiary declaration enclosed, you make your partner the beneficiary of a **partner's pension** in the event of your death as per Art. 16 and a **lump sum payable on death** in accordance with Art. 18 of the Pension Fund Regulations (insofar as the requirements for the claim have been met).
- Unlike entitlement to a partner's pension, entitlement to a lump sum payable on death does not require the same registered place of residence. Proof that a civil partnership was maintained must be provided.
Entitlement to a lump sum payable on death only arises in the event of death before reaching pensionable age.
- **The beneficiary declaration must be submitted to us before your death and before you reach pensionable age.**
- **We only check the entitlement to payments after your death.**

After receiving the form, we will send you an acknowledgement of receipt.

On comPlan online you have the option of simulating the amount of any lump sum payable on death.

Do you have any questions? Please don't hesitate to get in touch with us.

Beneficiary declaration

To make your partner the beneficiary in the event of death as per the Pension Fund Regulations Art. 16 as well as Art. 18

Policyholder

Last name/first name

.....

Street address / town and postal code

.....

.....

Date of birth / social security number

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Marital status

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Partner

Last name/first name

.....

Street address / town and postal code

.....

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Date of birth / social security number

.....

Marital status

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1. This beneficiary declaration serves to regulate any claims to survivors' benefits from comPlan in accordance with Pension Fund regulations Art. 16 and Art. 18 para.
2. I have taken note of the regulatory provisions on benefits for partners (see www.pk-complan.ch) and their benefit requirements.
3. I confirm that there is no relationship between us pursuant to Art. 95 of the Swiss Civil Code and that we
 - since(date) or
 - as of(date / if a future date)
 - live together in the same household (with the same registered place of residence) without interruption and (will) support each other
 - have a joint household without interruption, **but without the same registered place of residence**, and (will) support each other and/or
 - are (will be) responsible for the maintenance of one or more joint children.
4. I wish my partner to receive all benefits in the event of my death in accordance with the currently valid regulations (provided that all conditions are met).

Place and date

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Signature of the **policyholder**

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We hereby confirm receipt of the beneficiary declaration. The payment of benefits is subject to regulatory and legal requirements at the time of death.

Place and date

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comPlan

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