

Company

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## Notification of a Life Partner

Use this form to make your life partner a beneficiary according to the provisions of the pension fund regulations, art. 45 par. 3.

### Insured person's details

Name	First name
<hr/>	
Street/no.	
<hr/>	
ZIP code/town	
<hr/>	
Date of birth	SI number 756.
<hr/>	
Marital status	
<hr/>	

### Partner's details

Name	First name
<hr/>	
Street/no.	
<hr/>	
ZIP code/town	
<hr/>	
Date of birth	SI number 756.
<hr/>	
Marital status	
<hr/>	

### Details of partnership

Common household since	
<hr/>	
Cohabiting union since	
<hr/>	
Mutual children?	yes      no
<hr/>	

### Important note / Confirmation

I understand that in case of my death, the pension fund regulations and legal requirements at that time will be valid and that my beneficiary will be entitled to benefits in accordance with the regulations valid at the time of that event. There shall be no entitlement if the partnership is not recognised as giving rise to eligibility under the pension fund regulations.

Please note that the beneficiary arrangement applied for via this notification form will be valid from the date of the pension fund's confirmation on until revocation or until your leaving of the pension fund.

This document is a translation. In the event of a dispute, the German version shall prevail.

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Date Signature of the insured person