





Surname	First name
SI number 756.	

In the absence of beneficiaries in accordance with letter **a.**

**b.** the children of the deceased not entitled to an orphan's pension

Persons under letter **b.** may only receive benefits in the absence of beneficiaries in accordance with letter **a.**

Surname, first name	Date of birth	Relationship to the insured person	Proportion in % (not CHF)

**c.** the parents of the deceased

Persons under letter **c.** may only receive benefits in the absence of beneficiaries in accordance with letters **a.** and **b.**

Surname, first name	Date of birth	Relationship to the insured person	Proportion in % (not CHF)

**d.** siblings and half-siblings

Surname, first name	Date of birth	Relationship to the insured person	Proportion in % (not CHF)

In the absence of beneficiaries in accordance with letters **a.** **b.** **c.** and **d.**

**e.** the other legal heirs, excluding public bodies

Surname	First name
SI number 756.	

#### 4. Confirmation and signature

I am aware that the regulatory and legal provisions at the time of my death shall be definitive, and not the current circumstances. This order of beneficiaries is valid from the date of confirmation by the Foundation until revoked. It shall become void in the event that I leave Valitas Sammelstiftung BVG.

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Place, date

Insured person's signature