

Changing the order of beneficiaries

In accordance with Art. 54 of the Pension Fund Regulations, an insured person can specify their wishes concerning the entitlements of individual beneficiaries within a group of beneficiaries. To register a partner, please fill out the "Partner registration" form.

1. Insured person

Company

Surname

First name

Street, no.

Postcode/City/Country

Date of birth

AHV/AVS number

Tel. no.

E-mail

Civil status

single

married

divorced

registered partnership

dissolved partnership

widowed

2. Important notes

- To change the order of those entitled to claim within a group of beneficiaries or to distribute the lump-sum death benefit among multiple people entitled to claim within the same group of beneficiaries, the "Changing the order of beneficiaries" form must be submitted to Valitas Collective Foundation LPP by the insured person or the recipient of an old-age or invalidity pension while the insured person is still alive. In the absence of this form, Valitas Collective Foundation LPP shall divide the lump-sum death benefit into equal parts based on the order specified in the regulations.
- For persons to receive benefits in accordance with category a. (varying percentages), the "Changing the order of beneficiaries" form must be submitted with the full details of these persons.
- When an insured event occurs (point in time of the death of the insured person/pension recipient), the occupational pension scheme checks whether the payment of the lump-sum death benefit is possible in line with the order of beneficiaries submitted based on the law and Pension Fund Regulations.
- Carrying out periodic reviews of the order of beneficiaries submitted is recommended. If an existing benefit is no longer desired or possible (e.g. after the death of the person receiving the benefit), a new "Changing the order of beneficiaries" form must be submitted. Otherwise, the occupational pension scheme reserves the right to divide the lump-sum death benefit into equal parts based on the order specified in the regulations.
- By submitting a new "Changing the order of beneficiaries" form, the insured person revokes all previous changes to the order of beneficiaries submitted to the occupational pension scheme.
- The persons claiming the lump-sum death benefit are responsible for providing evidence that the conditions for making this claim have been fulfilled. The occupational pension scheme is entitled to request that the beneficiaries provide the documentation necessary for clarification.
- The regulatory provisions valid at the time of the death of the insured person or pension recipient are decisive.

Surname	First name
AHV/AVS number	

3. Changing the order of beneficiaries

I would like to make the following change to the regulatory order of beneficiaries in categories **a.** to **e.** in accordance with Art. 54 para. 2 of the Pension Fund Regulations of the occupational pension scheme:

If an insured person dies, a lump-sum death benefit payment shall be made to:

a. the spouse/registered partner

Surname, first name	Date of birth	Relationship to the insured person	Proportion in % (not CHF)
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the children of the deceased entitled to an orphan's pension

Surname, first name	Date of birth	Relationship to the insured person	Proportion in % (not CHF)
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natural persons who were being supported by the deceased to a significant extent

Surname, first name	Date of birth	Relationship to the insured person	Proportion in % (not CHF)
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the person who cohabited with the deceased in the same household without interruption in the last five years leading up to the death of the deceased / or the person who has to provide for one or more children jointly with the deceased

Surname, first name	Date of birth	Relationship to the insured person	Proportion in % (not CHF)
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Surname	First name
AHV/AVS number	

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

AHV/AVS number

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 Collective Foundation LPP.

Place, date

Insured person's signature