

## Change in order of beneficiaries for the lump sum death benefit

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1.	Insured person			
La	st name			
First name				
Da	te of birth			
	arital status			
IVIO	ilitai status			
2.	Order of beneficia	ries accord. to article 15 of the pension	fund regulations, effective	as of 1.1.2017
Th	e order of benefits e	entitlement, regardless of the inheritan	ce law, is as follows:	
Ra	nking		Entitled person(s)	Share in %
a)	The spouse or the	civil partner of the deceased		
b)		peneficiaries as per a), the children at are entitled to the Orphan's Foundation		
c)	persons who receit deceased and the uninterrupted lifetinhis death, or the pmaintenance supposhildren, provided	peneficiaries as per a) and b), the ved significant support from the person who was the deceased's me partner for the 5 years preceding erson who has to pay child ort for one or more common that they do not receive a s Pension (Art. 20a BVG)		see reverse
d)		peneficiaries as per a.), b) and c), dren, parents or siblings of the		
e)		peneficiaries as per a), b), c) and d) I heirs, excluding the common e Death Benefits.		
			w.u	

Persons as per c) are considered rightful claimants only if the Insured, by written notice to the Foundation, assigned the rights of beneficiaries to them. This notification must be submitted to the Foundation during the life of the Insured. This notification must be submitted to the Foundation during the life of the Insured.

By written notice to the Foundation, the Insured may at any time change the beneficiaries prescribed in Paragraph 3 to the following extent:

- a) With the existence of persons pursuant to Paragraph 3 c), the Insured may group the beneficiaries according to Paragraph 3 a), b) and c).
- b) In the absence of persons pursuant to Paragraph 3 c), the Insured may group the beneficiaries according to Paragraph 3 a), b) and c).

This notification must be submitted to the Foundation during the life of the Insured.

3.	Details of beneficiary at letter c)						
Las	t name						
First name							
Sex		☐ Female	☐ Male				
Date of birth							
Mar	ital status						
Address							
	•						
——The	beneficiary meets	one of the follow	ving conditions:				
	He/she receives of		_				
	He/she verifiably and continuously co-habits with me with a mutual support obligation.						
_	Shared household since: (month / year)						
	He/she is respons	sible for the main	tenance of one or	more children resulting from the relationship.			
	Last name		rst name	Date of birth			
	-						
	-						
4.	4. Comments						
5.	Note						
				for a partner's pension separately in writing, if form for lifetime partner pension).			
pen		red person notes	s that the validity o	ions made in connection with the occupational f this declaration will be determined by the death.			
The	legal and tax regu	lations remain re	served.				
Plac	ce and date:			Signature of insured person			
				orginature of moured person			