

Notification of beneficiaries in the event of death

Person details of insured

Last, first name

AVS N° . . . Date of birth / /

General information

In accordance with article 4.4.9 of the pension fund regulations, in the event of death of an active insured person before reaching ordinary retirement age, the pension fund will pay a lump sum death benefit or additional death benefit, if foreseen in the technical appendix, to the following beneficiaries

- The spouse or partner of the person insured if listed in the technical appendix; failing that
- The children of the person insured having a right to an orphan's pension, in equal shares; failing that
- The natural persons principally maintained by the person insured, or the person who shared an uninterrupted relationship with the person insured during the last five years preceding their death, or who must maintain one or more joint children; failing that
- The children of the deceased who do not meet the conditions of Letter b; failing that
- The parents or brothers and sisters; failing that
- The other legal heirs (with the exclusion of a public authority) upto the amount of the premiums paid by the person insured or 50% of the retirement assets.

The person insured may, within classes c to f as defined above, freely draw up a special beneficiary clause designating the person or persons to whom he/she wishes to allocate the death benefits.

The person insured may also freely designate the beneficiary(s) in classes d to e as long as there are no existing beneficiaries under letters a to c.

The present death benefit beneficiary declaration may be modified or revoked at any time by the person insured.

In all cases, the pension fund regulations in effect at the time of death shall prevail for the distribution of benefits.

Beneficiaries in the event of death

Pursuant to article 4.4.9 of the pension fund regulations, I designate the following person(s) as beneficiary(s) of the death benefits

Last, first name	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Relationship	<input type="text"/>	Share in % or fraction	<input type="text"/>
Last, first name	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Relationship	<input type="text"/>	Share in % or fraction	<input type="text"/>
Last, first name	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Relationship	<input type="text"/>	Share in % or fraction	<input type="text"/>
Last, first name	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Relationship	<input type="text"/>	Share in % or fraction	<input type="text"/>

Signature

Date / /

Place

Signature of the insured