

Designation of the beneficiaries of the lump-sum death benefit

Employer

Company name: _____ Contract No.: _____

Insured person

Name: _____ Social insurance No.: 756. _____

First name: _____ Date of birth: _____

Marital status: _____

Personal data of the beneficiary or beneficiaries

1. Name: _____ Date of birth: _____

First name: _____ Relationship: _____

Share of the lump-sum death benefit: _____ % or CHF _____

2. Name: _____ Date of birth: _____

First name: _____ Relationship: _____

Share of the lump-sum death benefit: _____ % or CHF _____

3. Name: _____ Date of birth: _____

First name: _____ Relationship: _____

Share of the lump-sum death benefit: _____ % or CHF _____

4. Name: _____ Date of birth: _____

First name: _____ Relationship: _____

Share of the lump-sum death benefit: _____ % or CHF _____

Statutory requirements

- I hereby declare that I have taken note of the provisions of Art. 20 of the pension fund regulations.
- I hereby declare that none of the beneficiaries mentioned in letters (a) to (c) of Art. 20, para. 1 of the pension fund regulations are entitled to the lump-sum death benefit.
- I hereby declare that the beneficiary/ies named above is/are one of the beneficiaries mentioned in letters (d) to (g) of Art. 20, para. 1 of the pension fund regulations.

Place and date:

Signature of the insured person: