Groupemutuel prévoyance Opsion

Joint living declaration

Insured person

Last name																										
First name																										
AVS N°																										
E-mail															Т	elep	ohc	ne								
Partner																										
Last name																										
First name																										
AVS N°																										
Date of birth	DD) /	\mathbb{N}	\mathbb{N}	1	Y		/								G	end	der	n	nale	Э		f	ema	ale	

The surviving partner (regardless of gender) shall be considered as the surviving spouse for purposes of rights to capital and annuity, in as much as the following conditions are cumulatively fulfilled:

- a. This benefit is covered in the technical appendix;
- b. Both partners are single, divorced, or widowed and share no blood relationship in the sense of Article 95 of the Swiss Civil Code;
- c. The partner and the person insured have lived together in the same household, without interruption, for at least the last five years preceding the death of the person insured. This five year period is not required if they have had one or more children together;
- d. The relationship has been recognized in written form, dated and signed by both partners and sent to the Foundation by registered mail during the lifetime of the person insured using this form;
- e. The partner receives no survivor's benefits or capital in place of a pension from an insurance company from a previous relationship, or from a prior marriage.

It is the responsibility of the surviving partner to provide the proof that they fulfil the above conditions, specifically by submitting an official confirmation of residence, a certificate of civil status, information pertaining to any joint children or any other document needed to validate the right to survivor's benefits.

Confirmation of the relationship

The person insured and their partner confirm by their signature the existence of a relationship commencing on ______ akin to

a marriage or registered partnership.

Signatures

Date			/		/							
Place		I		T				T				
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Data	Т	1	1			T.			1			
Date			_ /		/							
Date Place						_						I

Signature of insured
Signature of partner