



Beneficiary determined individually for fixed pension plan (Pillar 3a)

Policy no.

Policyholder

First name and last name

Date of birth

Street address

Postcode and town

Can be reached for questions at telephone number

a) Benefits at maturity or in the case of disability shall be paid to you as the policyholder. This cannot be changed.

b) Benefits in the case of death shall be paid to the spouse/registered partner of the insured person. If the insured was not or was no longer married/bound by a registered partnership at the time of death, the insurance benefits will be divided in equal parts between the following persons:

- the insured's direct descendants as well as
- natural persons supported to a considerable extent by the insured, or
- the person with whom the insured lived in a domestic partnership without interruption during the last 5 years before his/her death or is responsible for the maintenance of one or more joint children.

The beneficiary clause relating to the spouse/registered partner cannot be changed. You may declare one or more persons as beneficiaries from among the other persons listed beneficiaries under letter b), as well as specify the order of the beneficiaries and their share of the benefits.

Beneficiary: Please provide the **last name, first name, date of birth** (address and place of origin are optional) and **the relationship to the policyholder**.

c) If in the event of death of the insured no such persons listed under b) should exist, the following persons are entitled to claim the insurance benefits:

- parents; if none:
- siblings; if none:
- the remaining heirs of the insured person:

You may specify the order of the beneficiaries and their share of the benefits. A life partner who does not yet comply with the prerequisites set down in letter b), can be designated as a beneficiary under letter c), provided that he/she has been appointed as heir in the will or inheritance contract.

Beneficiary: Please provide the **last name, first name, date of birth** (address and place of origin are optional) and **the relationship to the policyholder**.

Place and date

Signature of the policyholder

For minors or persons under legal guardianship:
Authorization by the legal guardian