

Confirmation of partnership

Contract no. /

Employer Name and place

Insured Surname First name Date of birth Gender

m f

Partner Surname First name Date of birth Gender

m f

Joint household Date on which the joint household was founded

Street, postcode, town

Confirmation of partnership The undersigned hereby confirm the existence of a partnership.

Confirmation by insured The insured hereby confirms that

- he/she is not related to the partner;
- both partners are unmarried and not living in a registered partnership and

- he/she is living in a life partnership with a joint household, or
- that he/she supports the partner to a significant degree, or
- that he/she has one or more dependant(s) with the partner.

Notes Beneficiary clause

The insured acknowledges that in the event of his/her death the partner will be a beneficiary pursuant to the general beneficiary provisions of the pension fund regulations. This is subject to the condition that a surviving partner's pension has been insured and that the insured and his/her partner lived in a partnership entitling the partner to a pension pursuant to the regulations.

b) both partners formed a life partnership in the same household without interruption for five years prior to the death of the insured person, or the insured person supported the surviving partner to a significant degree, or the surviving partner is responsible for the support of one or more joint children.

No entitlement to a surviving partner's pension exists if the surviving partner already receives a spouse's pension or a surviving partner's pension from an occupational benefits institution.

Partnership entitling a partner to a pension

A partnership entitling a partner to a pension exists if, at the time of death,

a) both partners are unmarried and not related to each other, and

Signatures Date Signatur of partner Signature of insured

Please send to AXA
Postfach 300
8401 Winterthur