

If you have any questions, please contact your customer advisor:

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Beneficiary arrangements: insured person's partner

Use this form to make your partner a beneficiary. Should you need to change your beneficiary arrangements, please use the form "Change in beneficiary arrangements". Please note that the beneficiary arrangements applied for via this form will be valid from the date of the pension fund's confirmation until revocation or until you leave the fund.

Name	First name		
Street			
Postcode/city/country			
Date of birth	Employee no.		
E-mail	Phone		
Marital status	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> divorced
	<input type="checkbox"/> registered partnership	<input type="checkbox"/> dissolved partnership	<input type="checkbox"/> widowed

Partner's details

Name	First name
Street	Postcode/city
Date of birth	Marital status

Signatures

The insured person hereby confirms he/she has read and understood the provisions of the pension fund regulations. He/she acknowledges that in the event of his/her death, his/her partner will be entitled to benefits in accordance with the regulations valid at the time of that event. There shall be no entitlement if the partnership is not recognised as giving rise to eligibility under the pension fund regulations.

Place/date	Signature of the insured person
Place/date	Signature of spouse/registered partner or partner who is a beneficiary
Place/date	Stamp and signature of the pension fund