Profond

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Notification of a life partnership

Art. 27 of the Pension Fund Regulations: Partner's pension

You will find important details of this topic in our Information sheet "Life partnership"

Details of the insured person

Surname _____ First name _____

Street/no. _____ Postcode _____ Place _____

AHV number 756. _____ Employer _____

Details of life partner

On the basis of Art. 27 of the Pension Fund Regulations of Profond, in the event of my death I wish the partner's pension to be paid to my cohabitee:

Surname _____ First name _____

Street/no. _____ Postcode _____ Place _____

Date of birth _____ Country _____

Place of residence

☐ My partner and I have a common place of residence.

☐ My partner and I have separate residences, which means that we do not live together.

Confirmation

I am aware that Profond is entitled to demand further documents as proof of fulfilment of the regulatory and legal conditions (official confirmation of place of residence, cohabitation agreement, etc.).

_____ _____

Place, date Signature of the insured person