

## De facto partnership declaration/support contract

**Employer**  **Contract no.**

### Insured Person

Mr  Ms

Surname  First name

Address  Postcode, Place

Marital status  Insured no.

If married, name of spouse

This declaration/contract is agreed between:

Insured person  Date of birth

and

Beneficiary  Date of birth

Marital status

What is the relationship between the «insured person» and the «beneficiary»?

De facto partner  Other natural person Description

With joint household (provide address) since

With separate households (no address required)

Address  Postcode, Place

Is/was the «beneficiary» supported to a considerable extent by the «insured person» (cost contribution of at least 50%)?  Yes  No

This de facto partnership declaration/support contract can be submitted during the lifetime of the insured, but must in any case be filed with pension fund pro at the latest within three months of the death of the insured person.

Place, Date  Beneficiary

Place, Date  Insured person

Copy of contract deposited with: (e.g.: lawyer, family members, friends, bank, personnel file with employer)