

## Confirmation of partnership Contract no. Employer Name and place Insured Surname First name Insurance number Telephone Private email address Date of birth Gender $\square$ m □f Partner Surname First name Insurance Number Date of birth Gender □m □f Joint household Date on which the joint household was founded Current address Street, postcode, town **Confirmation of** The undersigned hereby confirm the existence of a partnership. partnership Confirmation by The insured hereby confirms that **insured** - he/she is not related to the partner; - that he/she supports the partner to a significant degree, or - both partners are unmarried and not living in a registered - that he/she has one or more dependant(s) with the life partnership and partner. - he/she is living in a life partnership with a joint household, Notes Beneficiary clause c) both life partners lived in a domestic partnership in the The insured acknowledges that in the event of his/her death same household and domicile without interruption for the partner will be a beneficiary pursuant to the general 5 years immediately prior to the death of the insured beneficiary provisions of the pension fund regulations. This is person. If the insured person is divorced, the earliest start subject to the condition that a surviving partner's pension has date of the life partnership is the date of the legally binding been insured and that the insured and his/her partner lived divorce of the insured person; in a partnership entitling the partner to a pension pursuant to the regulations. the insured person supported the surviving partner to a significant degree; Partnership entitling a partner to a pension the surviving partner is responsible for the support of one A partnership entitling a partner to a pension exists if, at the time of death. or more joint children. a) both partners are unmarried and are not related to each There shall be no entitlement to a surviving partner's pension other, and b) they are not registered in accordance with the Federal Law if the surviving partner already receives a surviving spouse's on the Registration of Partnerships for Same-Sex Couples, pension or surviving partner's pension from a domestic or foreign pension plan. Signatures Date Signatur of partner Signature of the insured person

Please send to AXA

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