

## Registration of life partner

### Insured person

Surname \_\_\_\_\_ First name \_\_\_\_\_  
Address \_\_\_\_\_ PC / Domicile \_\_\_\_\_  
Date of birth \_\_\_\_\_ Civil status \_\_\_\_\_

### Life partner

Surname \_\_\_\_\_ First name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Civil status \_\_\_\_\_  
Social insurance number \_\_\_\_\_

Common official residence since (month/year) \_\_\_\_\_

The conditions for benefits for life partners are laid down in Articles 47, 48 and 51 of the Pension fund regulations.

With this registration, all earlier registration of life partner for occupational pension schemes (Occupational Pensions Act) and for pension relationships with Ascaro Vorsorgestiftung are revoked. This registration is valid only for the term of the insurance contract with Ascaro Vorsorgestiftung.

Domicile/Date

Signature of the insured person \*

\* The signature must be officially notarised or must be made in person in the Foundation's offices, on presentation of the passport or an identity card

Please enclose:

- Copy of the beneficiary's identity card or passport