



Registration for a partner's pension

(non-registered partnerships)

(occupational provident insurance)

Please take note of the information on the reverse of this form

Contracting office:

*Contract no.:

Organisational Units (OU):

*Policy no.:

*Company:

Street, no.:

Postal code, town/city:

1 Personal data of the insured person and the partner

1.1 Insured person

*Last name:

*First name:

*Date of birth:

*Street, no.:

*Postal code, town/city:

1.2 Partner

*Last name:

*First name:

*Date of birth:

*Sex: male female

2 Necessary information

2.1 *Do you have a joint domicile?

Yes, since:

No, please give partner's address

*Street, no.:

*Postal code, town/city:

2.2 *Do you have any children together?

Yes, born on:

(Please give the age of the youngest child.)

No

3 Confirmation

The undersigned confirm by their signatures that the information they have provided is complete and truthful and that they have taken note of the information on page 2 of this form.

Place, date

Signature of the insured person

Signature of the partner

Please return this form to: Your contracting office or Swisscanto Collective Foundation, Branch office,
St. Alban-Anlage 26, P.O.Box 3855, 4002 Basle

A Claim

In the event of the death of the insured person the surviving partner (of the same or opposite sex) is entitled to the partner's pension.

For a pension claim to be established, all of the following conditions must be met:

1. According to the pension fund regulations a surviving spouse's pension is insured;
2. **The partners shall be required to prove that they lived without interruption in a civil partnership in a joint household for at least the last five years before the death of the insured person,**
or
they must prove that they were living in a civil partnership in a joint household at the time of death of the insured person and that the surviving partner must support at least one joint child.
3. Neither partner was married or living in another civil partnership at the time of the death of the insured person.
4. The partners were not related to each other in the direct line of descent or siblings or half-siblings (cf. Art 95. CC).
5. The surviving partner is not receiving any other spouse's or partner's pension from a former marriage or partnership and did not receive any capital benefits as a substitute to a spouse's or partner's pension.
6. The insured person did not draw a full disability pension on 31 December 2004.
7. This "Registration for a partner's pension" form has been completed in full and signed by both partners before the death or full retirement of the insured person and sent to Swisscanto Collective Foundation.

B General indications

Confirmation of the insured person

The insured person confirms with their signature that, in the event of their death, they would like to register or insure the partner mentioned in this form in accordance with the conditions for receiving a partner's pension. This registration applies explicitly to the policy and contract numbers mentioned on this form (multiple policies/contracts can be listed).

Confirmation of receipt

Your application for a partner's pension will be confirmed in writing. If you do not receive a written receipt/confirmation within 30 days weeks after having sent the announcement of partner's pension, please contact Swisscanto Collective Foundations.

Disability occurring before 1 January 2005

From 1 January 2005, only the active component of the pensionable salary as at 31 December 2004 is insured for a partner's pension for insured persons who were partially disabled on 31 December 2004. If the partially disabled insured is partly or fully reintegrated into the workforce through physical reactivation, the benefits will be increased accordingly.

Obligations of the insured person

The insured person is obliged to inform Swisscanto Collective Foundations immediately in case of an annulment of the common household or the partnership.

Order of beneficiaries

Please note that the registration for a partner's pension does not change the entitlement to a possible lump sum death benefit or refund of contributions according to the conditions. If a change in the order of beneficiaries is desired, the form "Change in order of beneficiaries" must also be submitted. This form can be found on the Internet at www.swisscanto-stiftungen.ch.