Declaration of life community



INSURED PERSON'S DETAILS			
Last name:	First name:		
AVS N°: 756 .	Date of birth (dd/mm/yyyy): Sex:	□М	□F
Street, N°:	Postcode, place: Country:		
<u>T</u> el:	E-mail:		
PARTNER'S DETAILS			
Last name:	First name:		
AVS N°: 756 .	Date of birth (dd/mm/yyyy): Sex:	□М	□F
Street, N°:	Postcode, place: Country:		
Tel:	E-mail:		
Pension Institution:			
LIFE COMMUNITY			
Life community since (dd/mm/yyyy):	Common domicile since (dd/mm/yyyy):		
Common dependent children: □ no □ yes			
Last name(s), First name(s):			
Date(s) of birth (dd/mm/yyyy):			
	onfirmation by the insured person		
assimilated partnership pursuant to article 20a LPP ar that they form an uninterrupted life community with t dependent children. that his/her partner does not receive a pension (or an	es or through another person) by marriage or by a registered partnership (as per the LPa nd the applicable regulatory provisions. their partner for at least 5 years* as of the date of signing this form or that they have my benefit in capital in place of pension) from the 1st and/or 2nd Swiss pillar (or equiranticle 20a LPP and the applicable regulatory provisions) due to a previous marriage of	e one or valent fo	more oreign
* In the event that the life community has existed for less than 5 yea	ars, an early declaration is nevertheless possible in application of article 44 paragraph 3 <i>in fine</i> of the regu	ulations.	
Observations:			
Beneficiary clause The insured person acknowledges the fact that, in the expension regulations, the latter becomes the beneficiary in	event of death, and if the assimilated partner's status is recognised within the meaning in accordance with the general regulatory order.	g of the	CIEPP
at the time of declaration and at the time of dea As such, the declaration must reach the CIEPP while the within six months of their death. Entitlements to benefits relating to the life community ar	nilated partner to receive benefits. Arise if all regulatory conditions (article 44, paragraph 2 in particular) relating to them	ving pa nsured p	i rtnei erson
Place and date:			
Insured person's signature:	Partner's signature:		