

If you have any questions, please contact your customer advisor: • +41 43 210 18 14 • pension.pvs@pfs.ch

## **Beneficiary arrangements: insured person's partner**

Use this form to make your partner a beneficiary. Should you need to change your beneficiary arrangements, please use the form "Change in beneficiary arrangements". Please note that the beneficiary arrangements applied for via this form will be valid from the date of the pension fund's confirmation until revocation or until you leave the fund.

Name		First name		
Street				
Postcode/city/c	ountry			
Date of birth		Employee no.		
E-mail		Phone		
Marital status	□ single	☐ married	divorced	
	☐ registered partnership	☐ dissolved partnership	☐ widowed	
Partner's de	tails			
Name		First name		
Street		Postcode/city		
Date of birth		Marital status		
Signatures				
regulations. H	le/she acknowledges that in the eve e with the regulations valid at the tim	read and understood the provisions of the ent of his/her death, his/her partner will be ne of that event. There shall be no entitlen gibility under the pension fund regulations	entitled to benefits nent if the	
Place/date		Signature of the insured person	Signature of the insured person	
Place/date		Signature of spouse/registered who is a beneficiary	Signature of spouse/registered partner or partner who is a beneficiary	

Place/date

Stamp and signature of the pension fund