

## Communication of Cohabitation

### Particulars of insured person

Surname	First name
Street	Postcode, place
AHV (OASI) No.	Contract number
Employer	

Based on art. 27 of the regulations of the benefit plan of Profond Vorsorgeeinrichtung, I wish that in the event of my decease, the payable benefits (cohabitee's pension or sum payable at death) shall be paid to my cohabitee:

Surname	First name
Street	Postcode, place
Date of birth	

Place and date

Signature of insured person

Profond hereby confirms to have received this request. The regulatory and legal provisions which apply at the time of death shall be relevant for the payment of the benefits. Profond is also entitled to demand further documents from the beneficiary as proof of the fulfilment of the regulatory and legal conditions: certificate of marital status, concubinage agreement, etc..

Place and date

Stamp and signature of the foundation

Should legal differences arise between the original and the translated version, the German version will prevail.