

Declaration regarding the support obligation/partnership (Sample agreement)

Employers

Pension plan

category

Insured person

Name

First Name

Date of birth

Civil status

- single
 married
 divorced
 widowed
 registered partnership
 dissolved partnership

Social security number

756.

Street, No.

Postal code, place

Address for further questions during the day (E-Mail or phone number.)

Partner and/or the natural person that is supported by the insured person in a considerable way:

Name

First Name

Gender

- male
 female

Date of birth

Civil status

- single
 married
 divorced
 widowed
 registered partnership
 dissolved partnership

The insured Person, the partner and/or the natural person confirm, that

- they as partners live together in the same household without interruption since _____ ;
- the signing persons are going to support each other personally and financially for the duration of their relationship
- the surviving partner will cover up for the maintenance of one or more common children
- the natural person is being supported by the insured person in a considerable way since (please attach a written agreement)
- they will inform the foundation immediately if the relationship is dissolved

An eligible partnership is possible as well for same gender relationships.

With this declaration I revoke all further declarations made.

Place and date

Signature of the insured person

Place and Date

Signature of the partner/the natural person

The authenticity of the signature is confirmed by:

Place and Date

Certification by public office

The authenticity of the signature of the partner/the natural partner is confirmed by:

Place and date

Certification by public office

The foundation proves the requirements for an alignment of the services in time of death