



Dissolution of partnership (occupational provident insurance)

*Contract no.: _____
 Organisational Units (OU): _____
 *Policy no.: _____
 *Company: _____
 Street, no.: _____
 Zipcode, city: _____

1 Personal data of the insured person and the former partner

1.1 Insured person:

*Last name: _____ *First name: _____ *Date of birth: _____

If the dissolution of the partnership involves a change of residence, please give the insured person's new address:

Street, no.: _____ Zipcode, city: _____

1.2 Former partner:

*Last name: _____ *First name: _____ *Date of birth: _____

2 Confirmation of the insured person

The insured person confirms with his/her signature that the partnership and the common household with the above mentioned person no longer exist.

By the cancellation of partnership the entitlement to the partner's pension in case of the death of the insured person ends irrevocably. A possibly existing form to change the order of precedence for beneficiaries in favor of the former partner becomes invalid by

handing in the present form. A resumption of the partnership in a common household at a later time is treated, according to the benefits regulations, as a new partnership and is to be documented by handing in a new «Announcement of partner's pension».

Place, date

Signature of the insured person

Please return this form to:

Helvetia Swiss Life Insurance Company Ltd, P.O. Box 3855, 4002 Basle