Nomination of Beneficiary

Member		
First name	Date of birth	
Surname	AHV no.	
Marital status		
Life partner		
First name	Date of birth	
Surname	AHV no.	
Marital status	,	
In the event of his/her death, the member I specified by the Regulations of the Pension		
Further information regarding the nomi	nation of beneficiary. Plea	se tick as appropriate:
☐ We have been living together without in the following address:	nterruption since	and live in a shared household at
Street:	Post code / town	
☐ The member is supporting the life partn	er to a considerable extent.	
☐ The member and his/her life partner ha	ve joint children.	
The entitlement to these benefits will no	ot be verified before the m	ember's death!
Information / signature		
 The parties have taken note of the Reg the terms set out therein. The Regulation 		d of SR Technics Switzerland as well as endments.
 This declaration must be submitted to the lifetime. The Pension Fund must be not therein. 		
Place / date	Member's signature	
Place / date	Official certification of me	ember's signature
Place / date		official certification not required)