

Personalvorsorgestiftung der  
Feldschlösschen-Getränkegruppe  
c/o Avadis Vorsorge AG  
Zollstrasse 42  
P.O. Box  
8031 Zurich

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P.O. Box  
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## **Pension for live-in partner agreement**

between

### **Pension Recipient:**

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Company

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**Insured person**

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**Surname**

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**First name**

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OASI number

Insurance number

Gender

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Date of birth

Marital status

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Address

---

Postcode and city

and

### **Live-in Partner:**

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**Surname, first name**

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OASI number

Gender

---

Date of birth

Marital status

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Address

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Postcode, city, country

## Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe

1. This Agreement serves as a guarantee for any survivor benefits in favour of the surviving live-in partner of a person insured under the pension plan, provided the requirements of Section 4.5. of the Regulations of the Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe are met. The Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe shall verify entitlement only after the death of the pension holder based on the actual circumstances at that time.
2. The parties have read and understood the regulations of the Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe and expressly agree to the conditions therein.
3. The parties unanimously declare that they have cohabited as partners since ....., since which time they have shared a household without interruption.
4. The pension holder undertakes to send this Agreement to the Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe and immediately notify the Personalvorsorgestiftung of any changes in the conditions and circumstances described therein.

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Place/Date

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Signature

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Place/Date

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Signature of life partner