

Cohabitation confirmation form

Personal data of the insured / of the pensioner:

Surname: Name:
Date of birth: AVS nr.:
Civil status: Single Divorced Widowed Dissolved registered union

Data of the cohabitant:

Surname: Name:
Date of birth: AVS nr.:
Civil status: Single Divorced Widowed Dissolved registered union

Common household address:

Street No. / Postcode / Town:

1. This form is intended to guarantee unmarried cohabitants the right to a cohabitant's pension if the insured / the pensioner dies.
2. The contracting parties expressly declare that they have taken note of the rules foreseen by the Pension fund regulation of Fondazione di Previdenza EFG SA concerning the benefits payable to the cohabitant and that they accept the relevant conditions. At the time of death, the regulation in force on that date is binding.
3. Cohabitation within the meaning of this disposition is a registered union similar to marriage between unmarried persons with no family ties and whose partnership is not registered under the Registered Partnership Act. The contracting parties unanimously confirm that they are neither married nor related within the meaning of Art. 95 of the Civil Code, that they have lived together in the same household without interruption since(date) and that they are responsible for each other's subsistence.
4. This form must be submitted within 60 days from the date of death of the insured / the pensioner. The entitled cohabitant must provide the necessary documents to prove that the conditions laid down in the Regulation for the payment of benefits are met. The Administration of Fondazione di Previdenza EFG SA is authorised to verify the relationships existing at the time of the death of the insured / the pensioner in order to determine entitlement to benefits.
5. **This confirmation also changes the active insured statutory entitlement to any lump sum death benefit.** If a change in the order of beneficiaries for the lump sum death benefit is desired, the "Beneficiary allocation Form" must be submitted additionally.

Place and date:

Cohabitant signature:

Signature of the insured / of
the pensioner:

Signature authentication:

Place and date: Stamp and signature: