

Occurrence of insured event Death

Details on insured person

Employer

Portfolio number

Last name

First name

Street / no.

Zip code / city

Date of birth

Social security number (13 digits)

756.

Marital status

Number of children under the age of 18 or 25 (still receiving education)

Last name, first name of surviving spouse, registered partner

Date of death

Contact person (address for letters of condolence)

Cause

Illness

Accident

Street / no. (contact person)

Continued payment of salary until

Zip code / city (contact person)

Enclosures

Official death certificate, family booklet / family certificate
Additionally in the case of an accident: Pension decree of the accident insurer
OASI

Payment instruction

The eligible person draws a pension or capital in the form of a cash payout.

Name of the bank

In the name of

IBAN

The eligible person draws the capital in the form of a transfer of the pension plan portfolio
(only possible for a portfolio held with Bank Vontobel AG).

Signature

Place, date

Signature of employer

Please send the completed form to the following address: **Allvisa Services AG, Karina Togni, PO box, 8027 Zurich**