

Declaration of beneficiary

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.

Email

Beneficiary

The undersigned insured person designates the following person(s) as beneficiaries within the meaning of the framework regulations in the event of his / her death.

1st person

Last name

First name

Street / no.

Zip code / city

Date of birth

Eligible for benefits

%

Relationship to insured person

2nd person

Last name

First name

Street / no.

Zip code / city

Date of birth

Eligible for benefits

%

Relationship to insured person

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3rd person

Last name

First name

Street / no.

Zip code / city

Date of birth

Eligible for benefits

%

Relationship to insured person

Information

The declaration of beneficiary can be revoked by the insured person in writing at any time. The prerequisites in the regulations shall be reviewed at the time of the insured person's death.

Signature

Place, date

Signature of the insured person

Confirmation

Receipt of the declaration of beneficiary is confirmed in the name of Katharinen Pensionskasse II:

Place, date

Signature of Katharinen Pensionskasse II

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