

**Bayer Pensionskasse Schweiz**  
Confirmation of partnership**Personal data of the insured person**

Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Street \_\_\_\_\_  
Country, postal code and town / village \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Social security number \_\_\_\_\_  
Marital status \_\_\_\_\_

**Partner's personal data**

Last name and first name \_\_\_\_\_  
Social security number \_\_\_\_\_  
Date of birth / Gender \_\_\_\_\_

**Partnership/Joint household**

Date on which the joint household was founded \_\_\_\_\_ Common child/children  Yes  No

**Confirmation**

The undersigned persons hereby confirm that they are living in a partnership as part of a joint household.

The insured person agrees to declare immediately in writing to the Foundation the dissolution of the joint household or the end of the community of life with his / her aforementioned partner.

The insured person confirms by his / her signature that he or she names as beneficiary the above-mentioned partner in the event of his / her death in accordance with the rules for a partner's pension.

**Notes**

To be recognized, it is imperative that the insured person makes known the existence of this designated partnership in writing to the Foundation during his / her lifetime.

Any entitlements shall be dependent on the conditions of the regulations in force at the time of the insured event.

**Signatures**

Location, date: \_\_\_\_\_ Location, date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the insured person

\_\_\_\_\_  
Signature of partner<sup>1</sup>

<sup>1</sup> Please attach a copy of the partner's identity card.

**If you have any questions, please contact your customer advisor:  
T: +41 44 387 89 03 – pension.bayer@kessler.ch**