

## Form for active insured persons and pensioners

# Change to the order of beneficiaries

(for the lump-sum death benefit pursuant to Art. 35 of the Pension Fund Regulations)

**Send to:** [info.pksgs.ch@siemens.com](mailto:info.pksgs.ch@siemens.com) or Pension Fund of the Siemens Companies in Switzerland, Freilagerstrasse 40, 8047 Zurich

### 1. Insured person

Surname:		First name:
Street No.:		
Post code:	Place:	Country:
Date of birth:	AHV No.: 756.	
Civil status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership		
Date of marriage or partnership registration date:	Employer:	
Place of origin/Nationality:	Residence permit (for foreigners):	
Telephone:	Email:	

### 2. Notes

- If the ranking of the entitled persons within a group of beneficiaries is to be changed or the lump-sum death benefit distributed between more than one entitled person, the “Change to the order of beneficiaries” form must be submitted to the Siemens Pension Fund in your lifetime.
- At the time of death, the Siemens Pension Fund will verify whether the lump-sum death benefit can be paid out according to the last notified order of beneficiaries.
- If an existing designation of a beneficiary is no longer possible (e.g. death of a beneficiary), a new “Change to the order of beneficiaries” form must be submitted. Otherwise the Siemens Pension Fund will pay out the lump-sum death benefit in equal shares on the basis of the ranking stipulated in the Pension Fund Regulations.
- If no “Change to the order of beneficiaries” form has been submitted, the Siemens Pension Fund will pay out the lump-sum death benefit in equal shares on the basis of the ranking stipulated in the Pension Fund Regulations.
- Whenever a new “Change to the order of beneficiaries” form is submitted, the active insured person or the pensioner revokes all changes to the order of beneficiaries previously submitted to the Siemens Pension Fund.
- The provisions set out in the regulations valid at the time of death shall apply.

### 3. Confirmation of receipt

The Siemens Pension Fund shall confirm receipt of this form within 30 days.

### 4. Signature

By appending his signature, the insured person or pensioner confirms that she/he has completed this form truthfully and in full and duly noted Article 35 of the Siemens Pension Fund Regulations as well as the notice on “Change to the order of beneficiaries.”

**5. Application for a change to the order of beneficiaries**

**Group a.**

- aa) the widowed person;
- ab) those children of the deceased who are entitled to an orphan's pension from the Pension Fund;
- ac) natural persons
  - more than 50% of whose maintenance needs were provided for by the insured person or recipient of a retirement or disability pension prior to their death, or
  - the person with whom the deceased insured person or recipient of a retirement or disability pension spent the last five years of their life in an uninterrupted domestic partnership (same official residence required), or
  - the person who is responsible for the maintenance of one or more joint children.

Surname	First name	Date of birth	Relationship with the insured person	% share of the lump-sum death benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Group b.: if there are no entitled persons in Group a.**

- ba) the children of the deceased person who are not entitled to an orphan's pension from the Pension Fund,
- bb) the parents,
- bc) the siblings and half-siblings.

Surname	First name	Date of birth	Relationship with the insured person	% share of the lump-sum death benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In the absence of beneficiaries pursuant to a. aa) and ac), the children pursuant to a. ab) and b. ba) will be combined into a single group of beneficiaries.

**Group c.: in the absence of beneficiaries in Groups a, and b.**

The other legal heirs apart from the State.

Surname	First name	Date of birth	Relationship with the insured person	% share of the lump-sum death benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Place/Date

Signature of the insured person or pensioner