

Order of beneficiaries for lump sum / additional lump sum payable at death

Art. 30 of the Pension Fund Regulations – Lump-sum payments in the event of death

Details can be found in our Information sheet on “cohabitation / lump sum payable at death / additional lump sum payable at death”.

Details of the insured person

Last name	_____	First name	_____
Address	_____	Postcode / place	_____
SC no.	_____	Marital status	_____
Employer	_____		

Based on Art. 30 of the Pension Fund Regulations of Profond, I wish any lump sum payable at death to be paid out in the order and proportions shown below:



Note

Please note that the surviving dependants – irrespective of the law of succession – are eligible in the following order, with the proviso that a group higher in the order of precedence will exclude the group below it from entitlement to benefits.

Eligible group 1 (Art. 30 para. 2 lit. a))

Spouse (Art. 25) or partner (Art. 27)

Beneficiary

Last name	First name	Date of birth										
_____	_____	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

Eligible group 2 (Art. 30 para. 2 lit. b))

Natural persons supported to a considerable extent by the insured at the time of his/her death.

Beneficiary(ies)

Last name	First name	Date of birth	Share in %										
_____	_____	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											_____
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Eligible group 3 (Art. 30 para. 2 lit. c))

The children of the insured

Beneficiary(ies)

Last name	First name	Date of birth	Share in %										
_____	_____	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											_____
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Eligible group 4 (Art. 30 para. 2 lit. d))

The parents of the insured.

Beneficiary(ies)

Last name	First name	Date of birth	Share in %
_____	_____	[.]	_____
_____	_____	[.]	_____

Eligible group 5 (Art. 30 para. 2 lit. e))

The siblings of the insured.

Beneficiary(ies)

Last name	First name	Date of birth	Share in %
_____	_____	[.]	_____
_____	_____	[.]	_____
_____	_____	[.]	_____
_____	_____	[.]	_____

In accordance with article 30 para 2, the insured person may change the order of priority within beneficiary groups 3, 4 and 5.

I would like to make use of this facility and change the order of priority within beneficiary groups 3, 4 and 5 as follows:

- 1 * a) Spouse (Art. 25) or partner (Art. 27)
- 2 * a) Natural persons supported to a considerable extent by the insured person at the time of his/her death.
- _____ c) The insured person's children
- _____ d) The insured person's parents
- _____ e) The insured person's brothers and sisters

*mandatory, cannot be changed

If I do not make use of this facility or else do not fill out the form fully and correctly, then the order of priority shall be as laid down by the pension fund regulations at the time of death.

Confirmation

I am aware that:

- Profond is entitled to demand further documents as proof of fulfilment of the regulatory and legal conditions (e.g. an official confirmation of place of residence, cohabitation agreement, etc.).
- the beneficiary/beneficiaries must submit all documents required to verify the claim within three months of the death of the insured at the latest;
- payment of benefits will be determined by the regulatory and legal provisions in force at the time of death.

Place, date

Signature of the insured person
