

Form for active insured persons and pensioners

# Amending the order of priority of the beneficiaries

(for the death benefit as set forth in Art. 35 of the Pension Fund Regulations)

**Send to:** Pension Fund of the Siemens Companies in Switzerland,  
Freilagerstrasse 40, 8047 Zurich

## Insured person

Last name: _____		First name: _____
Street name, no.: _____		
Postcode: _____	City: _____	Country: _____
Marital 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		
Insurance no.: _____		Employer: _____
Tel. no.: _____		E-mail address: _____

## Notes

1. The Siemens Pension Fund does not check the validity of this declaration before your death.
2. Any entitlement to benefit is clarified and established when the event giving rise to the claim – i.e. your death – occurs. The entitlement depends on your personal circumstances and the applicable regulations when the event giving rise to the claim occurs.
3. The entitlement can be divided within a single group of beneficiaries only. The presence of a beneficiary in a higher-ranking group will rule out any entitlement for beneficiaries in the following group.

## Beneficiaries

I wish that, in the event of my death, the death benefit be divided between the following person(s) within the group of claimants in the following proportions:

**In the absence of claimants in Group a)** (surviving spouse/registered partner)

### Group b)

– The children of the deceased who are entitled to an orphan's pension.

Last name	First name	Date of birth	Relationship to the insured person (e.g. son, daughter)	Proportion of death benefit in %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**In the absence of claimants in Groups a) and b)**

**Group c)**

- Domestic partner with whom the insured spent the last five years of his or her life in uninterrupted domestic partnership or who is responsible for the maintenance of one or more joint children.
- Other persons more than 50% of whose maintenance needs were provided for by the insured person.

Last name	First name	Date of birth	Relationship to the insured person (e.g. domestic partner)	Proportion of death benefit in %

**In the absence of claimants in Groups a) and c)**

**Group b) and d) aa)**

- The children in Groups b) and d) aa) are combined into a single group of beneficiaries.

Last name	First name	Date of birth	Relationship to the insured person (e.g. son, daughter)	Proportion of death benefit in %

**In the absence of claimants in Groups a), b) and c)**

**Group d)**

- The children of the deceased who are not entitled to an orphan's pension
- The parents
- The siblings

Last name	First name	Date of birth	Relationship to the insured person (e.g. mother, brother)	Proportion of death benefit in %

→ Please note following page.

**Confirmation**

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By signing the present amendment to the order of priority of the beneficiaries, I revoke all previous orders of priority of the beneficiaries submitted to the Siemens Pension Fund. I shall inform the Siemens Pension Fund immediately of any change in the relationships described herein.

By signing below, I confirm that I have completed this application form truthfully and completely, that I have noted the provisions of the law and of the Pension Fund Regulations, and that I have read the “Amending the order of priority of the beneficiaries” information sheet.

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Place/date

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Signature of insured person