

Life partnership confirmation

Company _____
Policy no. _____
Plan _____

Insured party

Last name _____ First name _____
NI no. 756. _____

Life partner

Last name _____ First name _____
NI no. 756. _____
Date of birth _____ Gender Female Male

Living together

Date on which you started living together _____
Street/no. _____ Postcode, town/city _____

Confirmation of life partnership

The undersigned confirm the existence of a life partnership.

Confirmation by the insured party

The insured party confirms that

- They are not related to their life partner;
- Both life partners are unmarried and do not live in a registered partnership and
- They have continuously lived together for five years at the same officially confirmed place of residence in a permanent relationship between two people or
- They support their life partner to a considerable extent or
- They must pay for the maintenance of one or more joint children with their life partner.

Beneficiary

The insured party notes that their life partner will be a beneficiary in accordance with the general regulatory provisions in the event of their death. This is conditional on the existence of an eligible life partnership pursuant to Article 6.3.3 of the pension plan regulations. In order to claim a partner's pension, this must be insured under the pension plan.

Place and date

Signature of the insured party

Signature of the life partner
