

## Confirmation of Partnership

Retirement  
savings account

Account number

Client

Name

First name

Insurance number

Partner

Name

First name

Insurance number

Address

Street, N°

Postal code, place

Start date of common household

Beneficiary  
indications

The Client recognises that, in the event of his death, his partner will benefit in accordance with the general regulatory provisions. In case of death, the Foundation will first verify that the partner satisfies the regulatory eligibility criteria.

Eligibility

A person qualifies as a partner if, at the time of the Client's death

- a) both partners were single and not related to each other, and
- b) they cohabited for an uninterrupted period of at least five years immediately prior to the Client's death.

Confirmation

The Client hereby confirms that

- he and his partner are not related
- both partners are unmarried and share a common life and destiny.

The undersigned confirm the existence of a life partnership.

Documents to  
be produced

The following documents are mandatory:

Copy of both persons' passports/IDs

Signature

Place, date

Client's signature

Place, date

Partner's signature