

Avadis Vorsorge AG
HP Pension Fund
Zollstrasse 42
Postfach 1077
8005 Zürich

hp@avadis.ch

DECLARATION GOVERNING THE DISTRIBUTION OF LUMP-SUM DEATH BENEFIT

My personal data:

Name: First name:

AVS/AHV no.:

The person signing below requests that the lump-sum death benefit due upon his/her death prior to the age of retirement should be distributed to the entitled survivors to the following amounts:

Order of precedence	Possible total entitlement in accordance with pension fund regulations in %	Quote * (in % / in CHF)
a. spouse, in the absence of whom	100% of the insured salary "risk", but at least the savings capital, reduced by the present value of all pensions and indemnities caused by this death.	
entitled person	.....	.....
b. dependent children and/or foster and step-children of the deceased person, in the absence of whom	100% of the insured salary "risk", but at least the savings capital, reduced by the present value of all pensions and indemnities caused by this death.	
entitled person(s)	.....	.....

Order of precedence	Possible total entitlement in accordance with pension fund regulations in %	Quote * (in % / in CHF)
c. natural persons, who were supported to a major degree by the insured person at the time of their death, or the person with whom the insured deceased person had been living in a permanent marriage-like relationship during the last five years, or who is responsible for the support of one or more joint children; in the absence of whom	100% of the insured salary "risk", but at least the savings capital, reduced by the present value of all pensions and indemnities caused by this death.	
entitled person	.....	.....
d. children, insofar as they do not fall under b), parents and siblings.	100% of the insured salary "risk", but at least the savings capital, reduced by the present value of all pensions and indemnities caused by this death.	
entitled person(s)	.....	.....

e. other remaining legal heirs	Personal savings capital, least 50% of the savings capital, reduced by the present value of all pensions and indemnities caused by this death.	
entitled person(s)	.....	.....

* We recommend stating the ratios to which the individual persons are entitled in % of the total capital to be paid by the Foundation.

The insured person acknowledges the fact that this declaration has no legal validity if it contradicts the legal or tax provisions.

Last name, first name of insured person:

Place / date and signature

For Geneva / Suisse Romande based employees, the form can also be sent to Avadis AG, HP Pension Fund, avenue de la Gare 4, 1003 Lausanne