

FORM FOR INSURED PERSONS

Amendment to order of beneficiaries for payment of a lump sum on death

(art. 40 of the Pension Fund Regulations)

In the event of my death, I request that article 40 of the Pension Fund Regulations be amended and that the lump sum payable on death be paid to the following persons in the following amounts. With this statement, I revoke all previous beneficiary declarations.

Surname	First name	Address	Date of birth	Cat. *)	Share in %
					100%

***) Category:** Enter letters for relevant category **a.aa)**, **a.ab)**, **b.ba)**, **b.bb)**, **b.bc)**, **c.ca)**, **c.cb)** or **c.cc)**.

Please note: It is not possible to combine beneficiaries under point b. and c.

The person mentioned belongs to the following beneficiary category:

- a.**
 - aa) the surviving spouse;
 - ab) children of the deceased insured person who are entitled to an SVE orphan's pension;
- b.**
 - ba) persons supported to a significant degree by the deceased insured person;
 - bb) the person who continuously cohabited with the deceased insured person for the last five years before his/her death;
 - bc) the person who is responsible for the maintenance of one or more joint children;
- c.**
 - ca) children of the deceased insured person who are not entitled to an SVE orphan's pension;
 - cb) the parents;
 - cc) the siblings.

Surname and first name of the insured person (to be completed in capitals):

Surname and first name

Date of birth

AHV number

Place, date

Signature

For the payment of a lump sum on death, article 40 of the Pension Fund Regulations and any addenda to them shall apply.

Submit to: Sulzer Vorsorgeeinrichtung, Postfach, 8401 Winterthur, Switzerland