

## Communication of cohabitation

### Employer data

Company name  Contract no. 

### Personal details

Last name  First name Road / No.  ZIP / Place Date of birth  Social security no. Email private  Tel. mobile 

I wish the benefit due (partner's pension and/or lump-sum death benefit) to be paid to my partner upon my death.

### Details of the partner

Name  First name Road / Nr.  ZIP / Place Date of birth  Social security no.   
Place and

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Signature of the insured person

The Avanea Pension Fund confirms that it has received this application. The legal and regulatory provisions at the time of the death are decisive for the payment of the benefit.

  
Date and place

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Stamp and signature of Avanea