



## Beneficiary's declaration for married persons and persons in a registered partnership

We are pleased that you are addressing your beneficiary's declaration. You will find helpful guidance and information

- ▶ As a member of the pension fund: in the Pension Fund Regulation, Art. 23 (partner's pension), Art. 24 (lump-sum death benefit), and Art. 24b (retirement pension and retirement-disability pension with five-year capital protection).
- ▶ As an insured person of the pension foundation: in the Pension Regulation, Art. 22 (partner's pension) or Art. 24 (lump-sum death benefit).
- ▶ in our information sheet (including many practical application examples) on the beneficiary order

### Please note that

- ▶ you may notify Asga during your lifetime of the persons you wish to designate as beneficiaries.
- ▶ that the current Pension Fund Regulation and Pension Regulation of the pension foundation are available at [www.asga.ch](http://www.asga.ch).

### Our beneficiary options

The lump-sum death benefit (Art. 24 of the Pension Fund Regulation/Pension Regulation) falls due if the insured person dies before retirement.

The lump-sum death benefit generally corresponds to the retirement assets available at the time of death less any present values for pension benefits payable to the partner and to the divorced partner as well as less any capital settlements in accordance with Art. 23 Sec. 5 and 9 of the Pension Fund Regulation or Art. 22 Sec. 5 and 9 of the Pension Regulation.

If a person receiving a retirement pension dies within the first five years after retirement or after the last partial retirement step, a lump-sum death benefit shall become payable. The amount of the lump-sum death benefit corresponds to five annual pensions (amount at the time of retirement), less the pension entitlement accrued up to the time of death (Art. 24b of the Pension Fund Regulation).



The following survivors are entitled to a lump-sum death benefit:

Group a: the spouse or registered partner

Group b: the partner in accordance with Art. 23 Sec. 2 of the Pension Fund Regulation or Art. 22 Sec. 2 of the Pension Regulation

Group c: the person responsible for the maintenance of one or more joint children

Group d: the natural persons who were financially supported by the insured person

Group e: the children in accordance with Art. 252 of the Swiss Civil Code (ZGB)

Group f: parents

Group g: siblings

Group h: the other statutory heirs, up to half of the lump-sum death benefit, excluding public bodies



#### Note

- ▶ To take better account of the pension objective in the light of individual circumstances, you may determine the **proportionate distribution** between the beneficiaries **within groups a to h individually**.
- ▶ Groups b to d will be taken into account only if these persons were notified to Asga in a beneficiary's declaration.
- ▶ You may **subordinate group a** to the other groups or **combine** it with them.
- ▶ You may also alter the **sequence** of groups **b to d** or of groups **f to g**.

#### How to proceed

1. Consider which person or persons you wish to designate as the primary beneficiary or beneficiaries.
2. Enter these persons in the first position and specify the proportional allocation. If one of the persons listed has already passed away, the lump-sum death benefit will be distributed proportionally among the remaining persons in the first position.
3. You may enter additional beneficiaries in the second, third and subsequent positions. These persons are taken into consideration only if all persons in the preceding categories have passed away.



# Beneficiary’s declaration for married persons and persons in a registered partnership

Please complete in BLOCK CAPITALS. Forms completed in full save you and us extra work.

☐ Pension fund

☐ Pension Foundation

1. Insured person

Last name

First name

Social security number

Date of birth

Gender

☐ M ☐ F

Marital status

☐ Single ☐ Registered partnership ☐ Married ☐ Divorced ☐ Widowed

Street, no.

Postcode

Place

Home telephone

Work telephone

Mobile telephone

Email

Employer

Member no./contract no.

Place

Date

Signature of insured person

By signing, you confirm that you have taken note of the beneficiary options in accordance with the Pension Fund Regulation of Asga and the Pension Regulation of the pension foundation.

► Please complete this form and return it to Asga, P.O. Box, 9001 St. Gallen.

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Important

By means of this declaration, all beneficiary’s declarations previously submitted within the framework of occupational benefits are revoked. The insured person acknowledges that the validity of this declaration is not governed by the circumstances or the regulatory and legal provisions applicable today but rather by those in force at the time of death.

**1st beneficiary**

| Group                                                                      | Beneficiary                                                                                           | Percentage of the lump-sum death benefit | Last name, first name | Date of birth | Address | Marital status |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|---------------|---------|----------------|
| Spouse/registered partner                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> For pension only |                                          |                       |               |         |                |
| Child 1 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 2 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 3 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 4 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| The person responsible for the maintenance of one or more joint children * | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 1*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 2*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 1*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 2*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |

If the spouse is to be designated only for the pension, you may designate a different group for the lump-sum death benefit.

\* These groups cannot be combined. They may only be combined with the spouse.

Signature of insured person

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**2nd beneficiary**

| Group                                                                      | Beneficiary                                                                                           | Percentage of the lump-sum death benefit | Last name, first name | Date of birth | Address | Marital status |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|---------------|---------|----------------|
| Spouse/registered partner                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> For pension only |                                          |                       |               |         |                |
| Child 1 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 2 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 3 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 4 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| The person responsible for the maintenance of one or more joint children * | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 1*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 2*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 1*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 2*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |

If the spouse is to be designated only for the pension, you may designate a different group for the lump-sum death benefit.

\* These groups cannot be combined. They may only be combined with the spouse.

Signature of insured person

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**3rd beneficiary**

| Group                                                                      | Beneficiary                                                                                           | Percentage of the lump-sum death benefit | Last name, first name | Date of birth | Address | Marital status |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|---------------|---------|----------------|
| Spouse/registered partner                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> For pension only |                                          |                       |               |         |                |
| Child 1 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 2 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 3 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 4 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| The person responsible for the maintenance of one or more joint children * | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 1*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 2*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 1*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 2*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |

If the spouse is to be designated only for the pension, you may designate a different group for the lump-sum death benefit.

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Signature of insured person

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**4th beneficiary**

| Group                                                                      | Beneficiary                                                                                           | Percentage of the lump-sum death benefit | Last name, first name | Date of birth | Address | Marital status |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|---------------|---------|----------------|
| Spouse/registered partner                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> For pension only |                                          |                       |               |         |                |
| Child 1 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 2 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 3 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 4 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| The person responsible for the maintenance of one or more joint children * | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 1*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 2*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 1*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 2*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |

If the spouse is to be designated only for the pension, you may designate a different group for the lump-sum death benefit.

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Signature of insured person

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**5th beneficiary**

| Group                                                                      | Beneficiary                                                                                           | Percentage of the lump-sum death benefit | Last name, first name | Date of birth | Address | Marital status |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|---------------|---------|----------------|
| Spouse/registered partner                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> For pension only |                                          |                       |               |         |                |
| Child 1 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 2 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 3 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Child 4 *                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| The person responsible for the maintenance of one or more joint children * | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Supported person(s)*                                                       | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 1*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Parent 2*                                                                  | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 1*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Sibling 2*                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |
| Other statutory heirs*                                                     | <input type="checkbox"/> yes <input type="checkbox"/> no                                              |                                          |                       |               |         |                |

If the spouse is to be designated only for the pension, you may designate a different group for the lump-sum death benefit.

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Signature of insured person

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