Zwitserleven

Cohabitation declaration after the death of a partner

I hereby declare:

- I was the partner of the deceased participant or inactive participant
- I was registered at the same address for at least six months before the death
- We were not parent and child
- We were not grandparent and grandchild

By signing this form, I affirm that I have provided truthful information.

Your personal information:

Name _____

Date of birth _____

BSN (Citizen Service Number) _____

Information about your deceased partner:

Name _____

Date of birth _____

Pension number/Policy number _____

_____

Signature date

_____

Signature