

Occupational pension plan Beneficiary choice in the event of death

Employer: _____

Important notice

This document should only be completed in the event that you wish to designate as beneficiary another person than that mentioned in the rules of the occupational pension scheme. In other words, first consult the rules in order to know the beneficiaries in the event of death and fill out this form only if you do NOT wish that in the event of death, your benefit will be paid to your spouse respectively to your children.

I undersigned (social security number), determine that in the event of my death the benefits insured in the occupational pension scheme are paid to:

Name	First Name	Date of birth	Relation with the member	Percentage

Date

Signature of the member