

## Beneficiaries in case of death

### Pension fund member's details

Ms                       Mr

Last name \_\_\_\_\_ First name \_\_\_\_\_

Street, no. \_\_\_\_\_ Country, postcode, city \_\_\_\_\_

Date of birth \_\_\_\_\_ Account no. \_\_\_\_\_

Marital status \_\_\_\_\_ Social security no. \_\_\_\_\_

### Legal framework

The beneficiary regulations of the Vested Benefits Foundation of Zürcher Kantonalbank are based on Art. 15 of the Ordinance on Vesting in Occupational Retirement, Survivors' and Disability Pension Plans (FZV).

The aforementioned regulations shall apply if the foundation is not aware of any instructions to the contrary. The existence of beneficiaries in a preceding category excludes the existence of beneficiaries in subsequent categories. All beneficiaries within a given category have the same level of entitlement unless stated otherwise.

### Beneficiaries in accordance with Art. 15 FZV – Category 1

If there is a beneficiary in Category 1, all other categories are excluded as a matter of principle. Please use the enclosed sheet to disclose the personal details of the beneficiaries.

Spouse/registered partner **Share %**  
 \_\_\_\_\_

Children below the age of 18, and children between 18 and 25 years  
 of age provided they are in education \_\_\_\_\_

People in Category 2 can also be included in Category 1. This puts Category 2 individuals on an equal footing with people in Category 1.

**I would like beneficiaries** in Category 2 to be included. It is not possible to exclude individual beneficiaries.

Person supported to a significant extent **Share %**  
 \_\_\_\_\_

Life partner, cohabiting since: \_\_\_\_\_ \_\_\_\_\_

Person who has to pay for the maintenance of joint children \_\_\_\_\_



**Beneficiaries in accordance with Art. 15 FZV – Category 2**

If there are no beneficiaries in Category 1, the distribution of the benefits in Category 2 can be specified in greater detail. It is not possible to exclude individual beneficiaries. If a particular group of persons does not apply, their share is distributed among the remaining groups of persons on a percentage basis.

- |  | <b>Share %</b> |
|--|----------------|
| <input type="checkbox"/> Person supported to a significant extent                    | _____          |
| <input type="checkbox"/> Life partner, cohabiting since: _____                       | _____          |
| <input type="checkbox"/> Person who has to pay for the maintenance of joint children | _____          |

Please use the enclosed sheet to disclose the personal details of the beneficiaries.

<b>Last Name</b>	<b>First Name</b>	<b>Share %</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Beneficiaries in accordance with Art. 15 FZV – Category 3**

If there are no beneficiaries in Categories 1 or 2, the distribution of the benefits in Category 3 can be specified in greater detail. It is not possible to exclude individual beneficiaries.

- |   | <b>Share %</b> |
|---|----------------|
| <input type="checkbox"/> Other children | _____          |
| <input type="checkbox"/> Parents        | _____          |
| <input type="checkbox"/> Siblings       | _____          |

Please use the enclosed sheet to disclose the personal details of the beneficiaries.

<b>Last Name</b>	<b>First Name</b>	<b>Share %</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Beneficiaries in accordance with Art. 15 FZV – Category 4

If there are no beneficiaries in Categories 1, 2 or 3, the distribution of the benefits in Category 4 can be specified in greater detail.

Other legal heirs, subject to the exclusion of the community Share %  
100 % \_\_\_\_\_

Please use the enclosed sheet to disclose the personal details of the beneficiaries

Last Name	First Name	Share %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Please note

In order to create clear legal relationships and prevent disputes among the beneficiaries, it is advisable to notify the foundation immediately of any cohabitation arrangement (and when it was established, for example), and to document it by concluding a cohabitation agreement.

The beneficiary arrangements given above fully nullify any instructions previously reported to the Vested Benefits Foundation. They apply to all business relationships maintained with the Vested Benefits Foundation of Zürcher Kantonalbank. We recommend that you review the beneficiary arrangements periodically and adjust them to your changed circumstances. The beneficiary arrangements provided to us by the pension fund member shall still apply (subject to revocation) even if their actual circumstances have subsequently changed.

Any changes concerning the name, address, marital status, cohabitation, beneficiary arrangements and personal details of the beneficiaries must be reported to the Vested Benefits Foundation in writing without delay.

The Vested Benefits Foundation will certify that it has received an amendment to these beneficiary arrangements but will not check its substantive validity, since in many cases it does not know the exact family circumstances and these may also change over time.

### Signature

\_\_\_\_\_  
Place, date Pension fund member's signature

**Zürcher Kantonalbank** (Client signature verified by account manager or signed in presence)

\_\_\_\_\_  
Place, date Signature of relationship manager

**Beneficiaries' personal details**

Last Name \_\_\_\_\_

Street, no. \_\_\_\_\_

Country, postcode, city \_\_\_\_\_

First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Category/relationship \_\_\_\_\_

NLast Name \_\_\_\_\_

Street, no. \_\_\_\_\_

Country, postcode, city \_\_\_\_\_

First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Category/relationship \_\_\_\_\_

Last Name \_\_\_\_\_

Street, no. \_\_\_\_\_

Country, postcode, city \_\_\_\_\_

First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Category/relationship \_\_\_\_\_

Last Name \_\_\_\_\_

Street, no. \_\_\_\_\_

Country, postcode, city \_\_\_\_\_

First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Category/relationship \_\_\_\_\_

Last Name \_\_\_\_\_

Street, no. \_\_\_\_\_

Country, postcode, city \_\_\_\_\_

First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Category/relationship \_\_\_\_\_

Last Name \_\_\_\_\_

Street, no. \_\_\_\_\_

Country, postcode, city \_\_\_\_\_

First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Category/relationship \_\_\_\_\_

Last Name \_\_\_\_\_

Street, no. \_\_\_\_\_

Country, postcode, city \_\_\_\_\_

First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Category/relationship \_\_\_\_\_