

GEMINI Sammelstiftung
c/o Avadis Vorsorge AG
Zollstrasse 42
Postfach
8031 Zürich

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Lump-sum death benefit – change of order of beneficiaries

Please use this form to change the order of the beneficiaries or the specific percentages pursuant to Section 29.2(c) of the Framework Regulations. **If you do not submit this form to the foundation during your lifetime**, the lump-sum death benefit will be divided equally in the event that you pass away **before** retirement and **before** reaching retirement age.

- a) the surviving spouse, in their absence
- b) natural persons who were supported by the member to a considerable degree or the person who has continuously maintained a life partnership with the deceased member in the same household for the last five years prior to the member's death or who maintained a life partnership in the same household at the time of death and is responsible for the maintenance of one or more children in common who are entitled to an orphan's pension pursuant to the Framework Regulations, in their absence
- c) children, foster children and stepchildren of the deceased person, in their absence parents, in their absence brothers and sisters, in their absence
- d) the other legal heirs, to the exclusion of the community

To designate beneficiary group b) as your beneficiaries, please use the "Beneficiaries of lump-sum death benefit" form.

Member's or pension recipient's details

Employee benefits unit

Company

Fund type Pension fund Management scheme/supplementary fund

Insured person

Surname

First name

OASI number

Insurance number

Gender

Date of birth

Marital status

Address

Postcode and city

I hereby declare that, in the event of my death before retirement and before reaching retirement age, I wish that any lump-sum death benefit arising upon my death be disbursed to the following individuals (the shares must add up to 100%):

1 Surname, first name

OASI number 756. . . . Gender

Date of birth Marital status

Address

Postcode, city, country

Relationship to the insured person Child or foster child/stepchild Parents Siblings

Share of lump-sum death benefit %

2 Surname, first name

OASI number 756. . . . Gender

Date of birth Marital status

Address

Postcode, city, country

Relationship to the insured person Child or foster child/stepchild Parents Siblings

Share of lump-sum death benefit %

3 Surname, first name

OASI number 756. . . . Gender

Date of birth Marital status

Address

Postcode, city, country

Relationship to the insured person Child or foster child/stepchild Parents Siblings

Share of lump-sum death benefit %

4 Surname, first name

OASI number 756. . . . Gender

Date of birth Marital status

Address

Postcode, city, country

Relationship to the insured person Child or foster child/stepchild Parents Siblings

Share of lump-sum death benefit %

Any claim to the lump-sum death benefit will only be examined by the foundation after the death on the basis of the regulations in force at that time.

Place/date

Signature