

The independent pension platform

## Change in Order of Beneficiaries

**Vested benefit account**

Account number

**Client**

Name

First name

Street, N°

Postal code, place

Country

Civil status

**Instructions**

In accordance with legal prescriptions (see Fact Sheet "Change in Order of Beneficiaries"), I hereby specify the beneficiaries and their respective entitlements in the event of my death.

**Order of beneficiaries**

Name/Address  
Group 1

Date of birth

Degree of relationship

% entitlement

\_\_\_\_\_

\_\_\_\_\_

Group 2

failing them

\_\_\_\_\_

\_\_\_\_\_

Group 3

failing them

\_\_\_\_\_

\_\_\_\_\_

Group 4

failing them

\_\_\_\_\_

\_\_\_\_\_

Group 5

failing them

\_\_\_\_\_

\_\_\_\_\_

## The independent pension platform

**Declaration** I hereby revoke any prior instructions concerning the order of beneficiaries. I undertake to notify Liberty Foundation for Vested Pension Benefits of any changes liable to affect the beneficiaries' entitlements, such as changes in civil status, for example.

I am aware that the present Change in Order of Beneficiaries is not governed by the current regulatory and statutory provisions but by those in effect at the time of death.

Furthermore, I acknowledge that this Change in Order of Beneficiaries applies exclusively to the assets on my vested benefits account.

**Signature**

Place, date

Client's signature

---

---