

The independent pension platform

Confirmation of Partnership

Vested benefit account	Account number
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Client	Name First name
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	Insurance number
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Partner	Name First name
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	Insurance number
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Address	Street, N° Postal code, place
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	Start date of common household
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Beneficiary indications	The Client recognises that, in the event of his death, his partner will benefit in accordance with the general regulatory provisions. In case of death, the Foundation will first verify that the partner satisfies the regulatory eligibility criteria.
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Eligibility	A person qualifies as a partner if, at the time of the Client's death a) both partners were single and not related to each other, and b) they cohabited for an uninterrupted period of at least five years immediately prior to the Client's death.
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Confirmation	The Client hereby confirms that - he and his partner are not related - both partners are unmarried and share a common life and destiny. The undersigned confirm the existence of a life partnership.
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Documents to be produced	The following documents are mandatory: Copy of both persons' passports/IDs
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Signature	Place, date Client's signature
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	Place, date Partner's signature
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