

## Partnership

between the insured person

Name	Firstname	Social insurance number
_____	_____	_____
Address	City / postcode	Marital status
_____	_____	_____

and his or her partner

Name	Firstname	Social insurance number
_____	_____	_____
Address	City / postcode	Marital status
_____	_____	_____

The purpose of this agreement is to preserve any claims under the foundation regulations which may accrue in favour of the surviving partner of an insured person under certain circumstances.

The parties undertake to mutually support each other personally and financially for the duration of their partnership in which they share a common household. Each party shall bear the joint costs of living including the costs of the shared household to the best of his/her abilities. If a claim for benefits is made, the foundation may determine entitlement on the basis of the actual circumstances prevailing at the time of death.

The agreement must be submitted to the foundation while the insured person is still alive. Any changes in the circumstances described in this agreement must immediately be reported to the foundation in writing.

\_\_\_\_\_

**Place and date**

\_\_\_\_\_

**Signature of the insured person**

\_\_\_\_\_

**Place and date**

\_\_\_\_\_

**Signature of his/her partner**

**Official certification of both signatures**