

Support agreement



Details about the insured person (VP)

Surname	First name
Date of birth	Home town
Civil status	Nationality
<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed	

Details about the partner (LP)

Surname	First name
Date of birth	Home town
Civil status	Nationality
<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed	

Joint address

Street, no	Postcode, town
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Date the joint household was formed

Agreement

The purpose of this agreement is to safeguard any possible survivor pension entitlement in favour of the partner of a person entitled to a benefit or pension in accordance with Art. 11 of the benefit regulations.

The parties have taken note of Inter Pensionskasse's Entitlement to a partner pension notice leaflet and expressly acknowledge the conditions recorded in it. The parties confirm that they are cohabiting and are in agreement that since the above date they have maintained a joint household.

The insured person is obliged to make Inter Pensionskasse aware of the agreement and to inform Inter Pensionskasse immediately in writing of any change.

Town Date Signature of the insured person

Town Date Signature of the partner
