

**PERSONALVORSORGESTIFTUNG DER  
FELDSCHLÖSSCHEN-GETRÄNKEGRUPPE**

**PENSION FOR LIVE-IN PARTNER  
AGREEMENT**

between

**Pension Recipient:**

Surname .....

First name .....

Date of Birth .....

Marital status .....

Place of origin/domicile.....

Nationality .....

Address .....

and

**Live-in Partner:**

Surname .....

First name .....

Date of birth .....

Marital status .....

Place of origin/domicile.....

Nationality .....

Address .....

1. This Agreement serves as a guarantee for any survivor benefits in favour of the surviving live-in partner of a person insured under the pension plan, provided the requirements of Section 4.5. of the Regulations of the Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe are met. The Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe shall verify entitlement only after the death of the pension holder based on the actual circumstances at that time.

- 2. The parties have read and understood the regulations of the Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe as well as the "Information Sheet concerning Live-in Partner Entitlement" dated 1.1.2020, which are an integral part of this Agreement, and expressly agree to the conditions therein.
- 3. The parties unanimously declare that they have cohabited as partners since ....., since which time they have shared a household without interruption. The pension holder undertakes to send the original copy of this Agreement to the Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe and immediately notify the Personalvorsorgestiftung of any changes in the conditions and circumstances described therein.
- 5. By signing this Agreement, the parties confirm the correctness of the information contained therein and understand that false declarations or failure to report changes in the conditions and circumstances described therein may result in legal action.

Place and date .....

Signatures:

Pension holder: .....

Live-in partner: .....

Complete and return this Agreement in duplicate to:  
Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe, Postfach, 4310 Rheinfelden

Agreement duly noted:

Place and date: .....

**Personalvorsorgestiftung der  
Feldschlösschen-Getränkegruppe**