

EMPLOYER

MEMBER

Family name: Social Security No.:
First name: Date of birth:/...../.....
Home address:

DOMESTIC PARTNER OF MEMBER

Family name:
First name: Date of birth :/...../.....

DECLARATION

1. The parties hereby sign this declaration in consideration of the pension-plan regulations, which provide that, under certain conditions, the domestic partner of the member enjoys certain rights under the pension plan.
2. The parties understand the pension-plan regulations which provide for those rights and explicitly acknowledge them.
3. The parties hereby represent that the domestic partner of the member specified above is not entitled to a surviving spouse's or domestic partner's pension under another Swiss or foreign pension plan.
4. The parties confirm that they are not married and have not entered into a registered partnership agreement between themselves or with third parties.
5. The parties confirm that they are not kin to the extent that they are prohibited from being married under Swiss law (Article 95, paras.1 and 2 of the Civil Code).
6. The parties represent that they enjoy civil rights.
7. The member and the domestic partner hereby represent that:
 They have been living as man and wife since/...../....., have been living together uninterruptedly under the same roof since that day (the pension plan recognizes domestic partnerships after 5 years of the partners' having lived together)
OR
 They live together and have to see to the upkeep of one or more children which they have had together and which are entitled to orphan benefits
Family and first name(s) of the child(ren):
.....
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8. The member undertakes to file this declaration of domestic partnership with his or her pension plan and to report any changes in the above relationship. The requirements laid down in the regulations shall determine the rights of the domestic partner at the time he or she becomes entitled to benefits.
9. The pension plan reserves the right to request any documents evidencing the existence of the domestic partnership. If such documents are not produced, the pension plan may refuse to pay the benefits provided for by the regulations.

Place and date:

Signature of the member

Signature of the domestic partner

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Please return to:

AVENA Fondation BCV 2^e pilier
c/o Banque Cantonale Vaudoise
Case postale 300
1001 Lausanne