

## Registration of the beneficiary partner

Please read carefully all the contents of the form, complete it according to your current situation and return it to us duly signed with the documents that may be required.

Company : \_\_\_\_\_ Contract no : \_\_\_\_\_

Insuree's first name and surname : \_\_\_\_\_ AVS no : \_\_\_\_\_

Address : \_\_\_\_\_ Postcode and city : \_\_\_\_\_

Marital status :  Single                       Married                       Widower                       Divorced  
 Registered partnership                       Dissolved partnership

Partner's first name and surname : \_\_\_\_\_ AVS n° : \_\_\_\_\_

Address : \_\_\_\_\_ Postcode and city : \_\_\_\_\_

Marital status :  Single                       Married                       Widower                       Divorced  
 Registered partnership                       Dissolved partnership

Date and place :

Insured's signature :

Partner's signature :

⇒ **To be annexed :**

- A copy of the ID card or of the passport for authentication of the signature
- Declaration of domicile

**Administrative address**

Fondation Patrimonia  
Rue Saint-Martin 7  
CH-1003 Lausanne

**Headquarter**

Fondation Patrimonia  
Rte François-Peyrot 12  
CH-1215 Genève 15

info@patrimonia.ch  
T +41 58 806 08 00

