



De facto partnership declaration/support contract

Employer **Contract no.**

Insured Person

Mr Ms

Surname First name

Street Postcode, Place

Marital status Insured no.

If married, name of spouse

This declaration/contract is agreed between:

Insured person Date of birth

and

Beneficiary Date of birth

Marital status

What is the relationship between the «insured person» and the «beneficiary»?

De facto partner Other natural person Description

With joint household (provide address) since

With separate households (no address required)

Address Postcode, Place

Is/was the «beneficiary» supported to a considerable extent by the «insured person» (cost contribution of at least 50%)? Yes No

This de facto partnership declaration/support contract can be submitted during the lifetime of the insured, but must in any case be filed with Tellco pkFLEX at the latest within three months of the death of the insured person.

Place, Date Beneficiary

Place, Date Insured person

Copy of contract deposited with: (e.g.: lawyer, family members, friends, bank, personnel file with employer)