

De facto partnership declaration / support contract

Portfolio no.

The Insured

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms		
Surname	<input type="text"/>	First name	<input type="text"/>
Street	<input type="text"/>	Postcode, Place	<input type="text"/>
Marital status	<input type="text"/>	Insured no.	756.
If married, name of spouse	<input type="text"/>		

This declaration / contract is agreed between:

Insured person	<input type="text"/>	Date of birth	<input type="text"/>
and			
Beneficiary	<input type="text"/>	Date of birth	<input type="text"/>
		Marital status	<input type="text"/>

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

<input type="checkbox"/> De facto partner	<input type="checkbox"/> Other natural person	Description	<input type="text"/>
<input type="checkbox"/> With joint household (provide address)		since	<input type="text"/>
<input type="checkbox"/> With separate households (no address required)			
Street	<input type="text"/>	Postcode, Place	<input type="text"/>
Is / was the «beneficiary» supported to a considerable extent by the «insured person» (cost contribution of at least 50 %)?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Vested Benefits Foundation at the latest within three months of the death of the insured person.

Place, Date	Beneficiary
<input type="text"/>	<input type="text"/>
Place, Date	Insured person
<input type="text"/>	<input type="text"/>

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