

**Request for transfer / amendment to the life insurance for the beneficiaries of the CERN Pension Fund**

*Regarding the transfer, it must take place the first day of the month following the end of your contract.  
This form should be returned to the Pension Fund at least 60 days before the transfer date.*

**Person to be insured**

Surname .....

First name .....

Date of birth .....

Address .....

.....

.....

.....

**Bases of insurance to be concluded / amended**

Transfer / amendment date (1st of the month) .....

Amount of lump sum death benefit to be insured **CHF** .....

**Beneficiary clause**

Please tick your choice :

- 6.1 In case of death the capital is paid as follows  
to the spouse, even if separated, or to the person named in a partnership agreement that meets the definition of the CERN Staff Rules and Regulations, in the absence of whom  
to the children, in the absence of whom  
to the father and mother, in the absence of whom  
to the other legal heirs.
- 6.2 As an exception to the above article 6.1, the Insured person may designate one or multiple beneficiaries of his/her choice by written notice to the Pension Fund, either at the time of the transfer or during his/her insurance membership.  
The beneficiary must be clearly identified (surname, first name, date of birth, address) : **complete section overleaf**

***Where the wording of the beneficiary clause is unclear or ambiguous or if there are no designated beneficiaries left, article 6.1 is applied by the insurer.***

CERN and the Pension Fund accepts no liability for the declarations given by the insured person.

Place and date	Signature of the person to be insured	CERN Pension Fund
.....	.....	.....

If you have selected option 6.2, please complete, in capital letters, contact information for the beneficiary(-ies) :

1) Surname .....  
First name .....  
Date of birth .....  
Address .....  
.....  
.....  
Phone number .....  
E-mail address .....

2) Surname .....  
First name .....  
Date of birth .....  
Address .....  
.....  
.....  
Phone number .....  
E-mail address .....

3) Surname .....  
First name .....  
Date of birth .....  
Address .....  
.....  
.....  
Phone number .....  
E-mail address .....

4) Surname .....  
First name .....  
Date of birth .....  
Address .....  
.....  
.....  
Phone number .....  
E-mail address .....

**IMPORTANT : PLEASE INFORM US OF ANY CHANGES REGARDING THE BENEFICIARY(-IES)**