

## APPENDIX 2a

**Support agreement for payment of a partner's pension** (art. 38 of the Pension Fund Regulations)

**between**

**Insured person** (surname, first name / date of birth) .....

**and**

**Partner** (surname, first name / date of birth) .....

**1.** This support agreement serves to safeguard any possible statutory claims of the surviving partner pursuant to the Pension Fund Regulations of the Sulzer Pension Fund (SVE).

**2.** The parties confirm that they are aware of the provisions governing the partner's pension pursuant to article 38 of the Pension Fund Regulations, and that they recognise the conditions stipulated therein.

**3.** The parties concur that they are unmarried and unrelated, have cohabited as partners since ..... (date) in a shared household, and have lived together without interruption since the aforementioned date.

**4.** The parties confirm that they shall duly endeavour to uphold their partnership, each to the best of their ability. Specifically, the obligation for mutual support shall be discharged by means of monetary payments, maintaining the household, childcare or assistance in the profession or trade of the other partner. If nothing else has been agreed, the obligation for mutual support shall be terminated when the partners cease to cohabit.

**Possible amendments to the support agreement made by the parties:** .....

.....  
.....

**5.** After the insured person's or pensioner's death, the surviving partner shall prove by means of appropriate documentation (e.g. proof of residence) that the regulatory requirements of the partner's pension are fulfilled. The SVE is authorised to verify his/her entitlement to benefits on the basis of the actual situation during the deceased partner's lifetime.

**6.** On receipt of a partner's pension, the surviving partner shall undertake to inform the SVE immediately of his/her (re-)marriage or of any new support agreement.

**7.** The insured person shall undertake to inform the SVE immediately in the event of the support agreement being annulled.

The **signature of the insured person on this support agreement must be officially certified by a notary's office.** This support agreement must be submitted to the Sulzer Vorsorgeeinrichtung, Postfach, 8401 Winterthur, Switzerland, during the lifetime of the insured person.

Place, date: .....

Signatures:

.....

Insured person

.....

Partner