swisscanto

Swisscanto
1e Collective Foundation

Notification of death

Personal details of insured person

Surname _____ First name _____

Date of birth _____ Social insurance no. 756. _____

Street/no. _____ Post code/city _____

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed
☐ Registered partnership ☐ Dissolved partnership ☐ Partnership dissolved by death

Date of marriage, registration of partnership or divorce _____

Information about the death

Date of death _____

Cause ☐ Illness* ☐ Road accident ** ☐ Not road traffic accident ** ☐ Occupational disease ** ☐ Suicide **

* Exact illness (e.g. cancer, heart disease) _____

Onset of the disease _____

** If the death was caused by an accident, the consequences of a previous accident, an occupational disease or a suicide, this must be reported to the accident insurer (UVG). Accident insurer (name, address, postcode, town)

_____

Was the insured person incapable of working prior to their death? ☐ Yes ☐ No

Until when will the salary be paid? _____

Are there any claims against other insurance schemes? ☐ Yes ☐ No
(e.g. SUVA, AHV, foreign insurance schemes)

If yes, which? _____

Contact person _____ Phone (private) _____

Post code/city _____ Phone (business) _____

Street/no. _____ Phone (mobile) _____

Information about eligibility for death benefits (eligible persons)

Spouse / registered partner

Surname, first name _____ Date of birth _____

Street/no. _____ Post code/city _____

Do you already receive a widow's/widower's pension or life partner's pension from another pension scheme (Art. 23.1 b.)? ☐ Yes ☐ No

Divorced spouse*

Surname, first name _____ Date of birth _____

Street/no. _____ Post code/city _____

* If their marriage to the deceased person had lasted more than ten years and the divorced spouse was awarded a pension in the divorce decree.

Cohabitation: Life partnership notified during lifetime

Surname _____ First Name _____

Date of birth _____

Do you already receive a widow's/widower's pension or life partner's pension from another pension scheme (Art. 23.1 b.)? ☐ Yes ☐ No

Eligible children under the pension fund regulations

Surname, first name _____ Date of birth _____

Surname, first name _____ Date of birth _____

Surname, first name _____ Date of birth _____

Payment details (if there is more than one beneficiary, please specify one account per beneficiary)

Name of bank / post office _____

Address of bank _____

IBAN/account number _____ SWIFT/BIC _____

Account holder _____

Required documents	enclosed	will follow
Official death certificate	☐	☐
Certificate of death issued by doctor	☐	☐
Family register for spouse's and orphan's pensions	☐	☐
Confirmation of training for children over 18	☐	☐
If applicable, divorce decree and certificate of legal force	☐	☐
Certificate of domicile (lived in the same household for at least five years)	☐	☐
Other documents _____	☐	☐
Decisions about benefits from AHV, SUVA, MV, foreign insurance schemes, etc.	☐	☐

_____ _____

Place, date Signature

This form was signed by _____

(first name, surname in block capitals)

What is your relationship to the deceased person? _____ / ☐ employer

Address of community of heirs _____

Swisscanto 1e Collective Foundation
Office
P.O. Box
8152 Glattbrugg
043 210 19 01
1e@pfs.ch

Reset form Print form