



### Surviving dependent appointment for the supplementary account

With this declaration, you have the possibility of extending the surviving dependent pension from the supplementary account to the person with whom you have a marriage-like partnership.

Last name, first name .....

Pers. no. ....Date of birth .....

#### **Information relating to the surviving dependent appointment**

In accordance with point 5.4.1 of the company-wide agreement for the modernization and restructuring of the company pension, I hereby appoint

Mr./Mrs./Ms. ....Date of birth ..... (named person)

residing at .....

as my surviving dependent for payments from the supplementary account and assert that the appointed person fulfills the prerequisites of a marriage-like partner.

To this end, please note the following with regard to the additional appointment in accordance with point 5.4.2 sentence 2 of the company-wide agreement:

1. You do not need to mark the additional appointment clause (see below), if

- you do not have children; or
- you have children and you do not wish to affect their orphan benefits entitlement:

*Despite appointing a partner, your children will receive the entire pension credit, if – in the insured event – the prerequisites for the orphan benefits entitlement are still fulfilled (maximum age in accordance with § 32 sections 3 and 4 sentence 1 point 1-3 EStG). If there is no longer an entitlement to orphan benefits, the partner named by you in this declaration will automatically receive the pension credit if, at the time of death, the marriage-like partnership still exists.*

2. However, you must mark the additional appointment clause, if

- you have children and you would definitely like to provide your partner with a surviving dependent pension:

*If your partner – independent of whether your children exceed the maximum age – is meant to receive a pension, you must mark the additional appointment clause. You can completely (full exclusion) or half (partial exclusion) exclude your children from the supplementary account.*

*Regardless of the age of your children, your partner will in this case receive either the full pension credit or – insofar as your children have an orphan benefits entitlement – half of the pension credit, if the marriage-like partnership still exists at the time of death.*

#### **Additional appointment**

**Full exclusion of the orphan benefits  Partial exclusion of the orphan benefits**

I am aware that this declaration is only valid for the supplementary account and that I can unilaterally revoke it at any time and without stating the reason by writing to the human resources department.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Employee's signature

#### **Acknowledgement**

I hereby confirm my acknowledgment of the potential pension.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Partner's signature