



# C P I C

## BENEFICIARY CLAUSE

*(English translation of original French version)*

To the CPIC  
Rue du Stand 51  
1204 GENEVA

The undersigned beneficiary

Mr/Mrs/Ms .....

born ..... in .....

domiciled .....

.....

hereby instructs the CAISSE DE PREVOYANCE DES INTERPRETES DE CONFERENCE (hereafter CPIC), by virtue of article 13 of the By-Laws, to pay benefits, which have not been awarded at the time of his/her death, to the following persons:

### COMPULSORY RIGHTFUL CLAIMANT(S) (100 % of capital)

IT IS MANDATORY TO DESIGNATE IN THIS SECTION THE SPOUSE, OR FAILING WHICH, THE CIVIL PARTNER AND UNDER AGE CHILDREN, IF ANY, TO WHOM THE ENTIRETY OF THE CAPITAL WOULD FIRST BE AWARDED IN CONFORMITY WITH SWISS LAW ON PROFESSIONAL PROVIDENCE.

TO DESIGNATE A CIVIL PARTNER YOU MUST SIGN A CONTRACT USING THE FUND'S PARTNERSHIP FORM.

*Please state the surnames, first names, dates of birth and place of residence of the designated persons*

SPOUSE                                      *or, failing which,*                                       CIVIL PARTNER

- a) without a child/children under age \* : 100 % of the capital
- b) with a child/children under age \* : 60 % of the capital

<u>NAME</u>	<u>FIRST NAME</u>	<u>BIRTHDATE</u>	<u>ADDRESS</u>
.....	.....	.....	.....

CHILDREN UNDER AGE \* : 40% of the capital in equal shares  
\* under 18 years

<u>NAME</u>	<u>FIRST NAME</u>	<u>BIRTHDATE</u>	<u>ADDRESS</u>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

MEMBERS ARE FREE TO DESIGNATE THE OPTIONAL RIGHTFUL CLAIMANTS

**OPTIONAL RIGHTFUL CLAIMANT(S)** (100 % of capital)

*Persons who may be designated freely :* CHILDREN OF AGE, FATHER AND MOTHER, BROTHERS AND SISTERS, BLOOD RELATIVES SUCH AS NEPHEWS, NIECES AND OTHER LEGAL HEIRS OR ANY OTHER PERSON(S) TO WHOM THE MEMBER GIVES SUBSTANTIAL FINANCIAL SUPPORT AT THE TIME OF HIS/HER DEATH.

*Please state the surnames, first names, dates of birth and place of residence of the designated persons their family ties and shares to be paid*

<u>NAME</u>	<u>FIRST NAME</u>	<u>BIRTHDATE</u>	<u>ADDRESS</u>	<u>FAMILY TIES</u>	<u>%</u>
.....	.....	.....	.....	.....	.....%
.....	.....	.....	.....	.....	.....%
.....	.....	.....	.....	.....	.....%
.....	.....	.....	.....	.....	.....%
.....	.....	.....	.....	.....	.....%
.....	.....	.....	.....	.....	.....%
.....	.....	.....	.....	.....	.....%

The beneficiary certifies that the information given to the CPIC is correct and in particular that the list of compulsory rightful claimants (spouse and children under age) is an exhaustive one.

The beneficiary attests that the rightful claimants who are not legal heirs are persons to whom he/she gives substantial financial support.

The beneficiary undertakes to immediately inform the CPIC of any modifications regarding the given information hereby.

**The CPIC is not required to check the information given by its beneficiaries and cannot be held responsible for any incorrect information.**

The instructions herein are deemed valid as long as they are not modified by other hand-written instructions from the beneficiary and duly sent to the CPIC.

Place..... Date.....

Beneficiary's signature :  
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