

Designation of beneficiaries in the event of death – Lump sum

This form is to be completed, **signed** and returned to the Fonds de Pensions Nestlé.

Last name _____ First name _____

Member number _____ Date of birth _____

I hereby modify the order of the beneficiaries in the same category and/or specify the rights to the lump-sum payable upon my death to my beneficiaries as follows. I am aware that the order of categories cannot be changed.

Category 1	Last and first name	Date of birth	Part in %
The member's children who are entitled to a child's pension (until the age 18, or up to the age 25 at the latest if studying)	_____	_____	_____
	_____	_____	_____
The persons designated by the member, provided that they were dependent at the time of death	_____	_____	_____
	_____	_____	_____

Category 2 – Failing any beneficiaries in category 1:	Last and first name	Date of birth	Part in %
The member's children who are not entitled to a child's pension	_____	_____	_____
	_____	_____	_____
Failing them : the parents	_____	_____	_____
Failing them : the brothers and sisters	_____	_____	_____

Category 3 – Failing any beneficiaries in category 1 and 2 :	Last and first name	Date of birth	Part in %
The member's other legal heirs, excluding public bodies	_____	_____	_____
	_____	_____	_____

Should this designation not comply with the regulatory and legal provisions in force at the time of death, the beneficiary clause of the Regulations applies.

Beneficiaries must claim their entitlement from the Fund within 12 months of the member's death. Shares of the lump-sum death benefit which cannot be paid remain with the Fund.

This designation may be revoked in writing at any time. The cancellation shall take effect upon receipt by the Fonds de Pensions Nestlé.

I hereby confirm having taken note of the regulations related to the lump-sum death benefit without survivor pensions stated in the Savings plan - Practical Guide of the Fund.

Date and place _____ Signature _____