

## Notification of retirement

The mandatory disinvestment of your savings capital will be carried out on the specified retirement date. Please return the completed and signed form no later than **4 weeks** before the chosen retirement date to ensure that the retirement can be processed as requested.

**Pension fund**

**Company**

**Persons concerned**

### Personal details of the insured person

Surname and first name

Address

Post code and town

Social insurance no.

Date of birth

Sex

Confirmed marital status\*

### Termination of employment due to retirement

Ordinary retirement on

Early retirement on

Deferred retirement on

Partial retirement at \_\_\_\_\_ % on \_\_\_\_\_ CHF

New annual salary for remaining degree of employment

Is the departing person unable to work?

No

Yes

Place/date

Company's stamp and signature

## Insured person's information regarding retirement

Surname and first name

Social insurance no.

Tax address at the time of retirement

Switzerland  Abroad

Exact address

## Form of pension benefit

I would like to receive my entire savings capital as a lump sum

## Required documents (not more than 6 months old)

\* Unmarried persons shall provide evidence of their marital status in the form of a civil registry extract.

\*\* In the case of persons who are married or live in registered partnerships, lump sum payments cannot be effected without the spouse's or partner's written approval. This approval must take one of the following forms:

- The signature is notarised or certified by the local residents' registration office.
- Personal signature by the spouse or partner is affixed in the presence of the employer's HR officer (an official ID with personal signature and photo must be submitted).

## Bank details

Name of bank

Bank address

IBAN

SWIFT/BIC (payment abroad)

## Signatures

I hereby declare that I have read the above information and have completed the form truthfully and accurately.

Place/date

Signature

Place/date

Spouse's/registered partner's signature\*\*

Place/date

Signature of certifying person/office