COPRE

NOTIFICATION OF RETIREMENT

Affiliated company: Contract No.:

Personal data of the insured person

First name and name: Date of birth:

AVS No.: Gender: ☐ M ☐ F

Address:

Phone: Mail:

Civil status from: ☐ single ☐ married ☐ divorced

☐ bound by a registered partnership ☐ partnership dissolved ☐ widow(er)

Retirement as at:

Indication of retirement benefits

(One choice possible)

☐ Annual retirement pension

☐ Retirement capital (A full lump-sum payment terminates the right to any other benefits)

☐ Mixed retirement benefit

of which the part in capital amounts to CHF

of which the annual pension amounts to CHF

Pensioner child's pension

(Pensioners children's pensions are paid up to the age of 25 at the latest, in accordance with Art. 22 of the pension regulation)

Name and first name: Date of birth:

Name and first name: Date of birth:

Name and first name: Date of birth:

I attest that...

☐ I intend to leave Switzerland or do not live in Switzerland.

I take note that tax at source will be withheld on the retirement benefits.

Address abroad:

☐ I do not intend to leave Switzerland.

I take note that the amount of the benefit in capital will be declared in writing to the tax administration.

ADMINISTRATION — Place de la Gare 12 • Case postale 420 • CH-1001 Lausanne
T. 021 310 12 30 • E. copre@copre.ch • www. copre.ch

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Address for payment

IBAN (max. 34 digits):

Bank / Post (name, postcode, place, country):

Account holder:

SWIFT code (bic): Clearing/BC :

Supporting documents

The following supporting documents must be attached to this application:

In all cases

☐ Copy of an identity document

Partial or total lump-sum payment

☐ For persons not married/not bound by a registered partnership, enclose a certificate of civil status less than 3 months old (to be requested from the civil registry office of your commune of origin)

Pensioner child's pension

☐ Copy of family certificate or birth certificates

☐ Attestation of studies or apprenticeship for the above-mentioned child/children aged over 18

I took good notes of the declaration of the retirement capital to the federal tax authorities.

I declare that all the information provided above corresponds to the truth.

Place and date:

Signature of the insured person

Place and date:

Signature of notified spouse/registered partner

Authentication of the signature of the notified spouse/registered partner in the event of partial or full limps-sum payment

The signature of the notified spouse/registered partner must be authenticated either by an official body (Notary, Justice of the Peace, passport service or local police).

Seal and signature of the official body

Annonce départ à la retraite_EN/nov 25

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