

NOTIFICATION OF RETIREMENT

Affili	ated company	· ·	Contract No.:			
Pers	onal data of th	e insured person				
First name and name:				Date of birth:		
AVS No.:				Gender:	М	F
Addr	ess:					
Phon	e:					
Civil status from:			single	married		divorced
		bound by a registered pa	rtnership	partnership	dissolved	widow(er)
Retire	ement as at					
	cation of retirer choice possible) Annual retirem				her benefits)	
	Mixed retireme	ent benefit				
	of which the p	art in capital amounts to		CHF		
	of which the a	nnual pension amounts to		CHF		
	i oner's child's oners' children's pe	pension ensions are paid up to the age of 25	at the latest, in acc	ordance with Art. 22 of th	e pension regulatic	on)
Name and first name:				Date of birth:		
Name and first name:				Date of birth:		
Name and first name:				Date of birth:		
Enclo -	Copy of family c	supporting documents: ertificate or birth certificates	hove-mentioned	child/children aged ov	or 18	



I atte	est that				
	I intend to leave Switzerland or do not live in Switzerland. I take note that withholding tax will be levied on the retirement benefits.				
		-			
	I do not intend to leave Switze	rland.			
I take	e note that the amount of the ber	nefit in capital will be declared in writing to the tax administration.			
Add	ress for payment				
IBAN	I (max. 34 digits):				
Bank	/ Post (name, postcode, place, co	ountry):			
Acco	ount holder:				
SWIF	T code (bic):	Clearing/BC :			
Place	e and date:	Signature of the insured person			
		Signature of the insured person			
Place	e and date:				
		Signature of notified spouse/registered partner/live-in companion			
Auth	entication of the signature of the	notified spouse/registered partner/live-in companion			
	signature of the notified spouse/re, passport service, local police or	egistered partner must be authenticated either by an official body (Notary, Justice of the yellow identification – Post).			
		Seal and signature of the official body			