COPRÉ

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 date:

Retirement: ☐ anticipated ☐ full ☐ partial of ..... %

Employer was informed on:

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 could be withheld on the retirement benefits.

Address abroad:

☐ I do not intend to leave Switzerland.

ADMINISTRATION — Place de la Gare 12 • Case postale 420 • CH-1001 Lausanne
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NOTIFICATION OF RETIREMENT

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 and must not be more than 3 months old at the time of retirement:

In all cases	☐	Copy of an identity document
Partial or total lump-sum payment	☐	For non-married person / not bound by a registered partnership, please join a civil status certificate established within the last 3 months prior to the retirement date (to be requested at civil status administration or the townhall)
Pensioner child's pension	☐	Copy of family certificate or birth certificates
	☐	Attestation of studies/apprenticeship for the above-mentioned child/children aged over 18
If not reimbursed EHO	☐	Recent land registry extract

I took due note that the retirement benefits perceived will be declared to the contribution federal administration.

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

Your spouse or registered partner's signature must be authenticated on the form by an official body of the state (Notary, Justice court, Passport bureau, local police station).

.....

Seal and signature of the official body

Annonce départ à la retraite_EN/mai 2025

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