

## Registration for drawing retirement benefits

### Insured person

Surname	_____	First name	_____
Address	_____	Postcode/town	_____
Date of birth	_____	Marital status	_____
Employer	_____	Social insurance No.	_____

### Spouse

Surname	_____	First name	_____
Date of birth	_____	Social insurance No.	_____
Date of marriage	_____		

### 1st child

(Children up to the age of 18 or up to the age of 25 who are still in education or training or have a degree of disability of at least <sup>2</sup>/<sub>3</sub>. From the age of 18, please enclose an apprenticeship contract or confirmation of school attendance.)

Surname	_____	First name	_____
Date of birth	_____		

### 2nd child

(Children up to the age of 18 or up to the age of 25 who are still in education or training or have a degree of disability of at least <sup>2</sup>/<sub>3</sub>. From the age of 18, please enclose an apprenticeship contract or confirmation of school attendance.)

Surname	_____	First name	_____
Date of birth	_____		

If you have more than two children, please list them separately.

\_\_\_\_\_

## Retirement

as of \_\_\_\_\_

Is this a partial retirement

☐ Yes

☐ No

I wish to receive the retirement benefits in accordance with Art. 32 of the Pension fund regulations as follows:

(Please mark the appropriate box with an 'X' and complete the corresponding fields in full. Please submit all necessary documents with the application.)

☐ Option 1: the total retirement benefit in the form of a pension.

☐ Option 2\*: (specify in CHF or %) \_\_\_\_\_ as a lump-sum settlement, and the rest in the form of a pension.

\*Documents required for Option 2:

- Single, divorced or widowed persons: marital status certificate or a current certificate of residence which specifies your current marital status (no older than three months)
- Married persons/registered partnership: copy of family certificate/partnership certificate

### Insured person's payment details

The transfer will be made to the following account:

Name and address of the bank \_\_\_\_\_

Account details IBAN \_\_\_\_\_

Place, date

Insured person's signature

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of the spouse\*

\*In case of a lump-sum settlement, the signature must be officially certified or made in person in the Foundation's offices on presentation of a passport or identity card.

The insured person acknowledges:

- This application is **irrevocable**.
- Insofar as the vested benefit is pledged, the written consent of the pledgee is required for the lump-sum settlement.
- A desired lump-sum settlement must be reported no later than **three months** before retirement.
- With the withdrawal of the retirement capital, full and final settlement of all regulatory claims has been reached (including any entitlements to a retired person's children's pension, a spouse's pension or an orphan's pension).