

## Demand for a lump-sum settlement

According to Art. 3.2. of the Regulations of the Ascaro Vorsorgestiftung

Name \_\_\_\_\_ First name \_\_\_\_\_

Adress \_\_\_\_\_ Postcode/City \_\_\_\_\_

Date of birth \_\_\_\_\_ Civil status \_\_\_\_\_

### Upon retirement I would like to receive

a part of \_\_\_\_\_% **or**  an amount of CHF \_\_\_\_\_

As a cash capital payment.

**I am aware, that this announce is irrevocable.**

Domicile / Date

Signature of the insured person

\_\_\_\_\_

\_\_\_\_\_

Domicile / Date

Signature of the spouse\*

\_\_\_\_\_

\_\_\_\_\_

\* Please enclose copy of a identification paper (passport or identity card) to your demand.