

**Demand for a lump-sum settlement**

According to Art. 36 of the pension fund regulations of the Ascaro Vorsorgestiftung

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

Address \_\_\_\_\_ 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\*

\_\_\_\_\_

\_\_\_\_\_

\*the signature must be officially certified or made in person  
in the Foundation's offices on presentation of a passport or identity card.