

Notification of retirement

Please return the completed and signed form no later than **4 weeks** before the chosen retirement date to ensure that the retirement can be processed as requested.

Pension fund

Company

Persons concerned

Personal details of the insured person

Surname and first name

Address

Post code and town

Social insurance no.

Date of birth

Sex

Confirmed marital status*

Termination of employment due to retirement

Ordinary retirement on

Early retirement on

Deferred retirement on

Partial retirement at _____ % on _____ CHF

New annual salary for remaining degree of employment

Is the departing person unable to work? No Yes

Place/date

Company's stamp and signature

Required documents (not more than 6 months old)

* Unmarried persons shall provide evidence of their marital status in the form of a civil registry extract.

** In the case of persons who are married or live in registered partnerships, lump sum payments cannot be effected without the spouse's or partner's written approval. This approval must take one of the following forms:

- The signature is notarised or certified by the local residents' registration office.
- Personal signature by the spouse or partner is affixed in the presence of the employer's HR officer (an official ID with personal signature and photo must be submitted).

Insured person's information regarding retirement

Surname and first name

Social insurance no.

Tax address at the time of retirement

Switzerland Abroad

Exact address

Form of pension benefit

I would like to receive my entire savings capital as a lump sum

Benefit paid out as pension

In deviation from the pension plan, I would like to receive a pension with legal right to a spouse's pension corresponding to the retirement pension. I hereby acknowledge that the retirement pension will consequently be calculated on the basis of the lower conversion rate according to appendix 2 of the framework regulations.

I would like to receive the entire savings capital in the form of a pension

I would like to receive a fixed monthly pension of CHF _____ and the rest as a lump sum

I would like to receive _____ % or CHF _____ as a lump sum and the rest as a pension

Children entitled to a pension (please enclose photocopies of passports or evidence of fulltime education where applicable)

Surname and first name

Date of birth

Bank details

Name of bank

Bank address

IBAN

SWIFT/BIC (payment abroad)

Signatures

I hereby declare that I have read the above information and have completed the form truthfully and accurately.

Place/date

Signature

Place/date

Spouse's/registered partner's signature**

Place/date

Signature of certifying person/office