

Application for payment of retirement benefits in the form of a capital sum (To be completed by the insuree)

Please read carefully all the contents of the form, complete it according to your current situation and return it to us duly signed with the documents that may be required.

Company: _____ Contract n°: _____

Family name and first name: _____ AHV n°: _____

Address: _____ Postcode and town/city: _____

Marital status: ☐ Single ☐ Married ☐ Widower ☐ Divorced
☐ Registered partner ☐ Dissolved partnership

Is the insured full fit for work? ☐ Yes ☐ No

Degree of disability: _____

According to articles 21 and 22 of the Foundation's General Conditions:

The insured can require the total or partial payment of his/her retirement benefits in the form of a capital, if he addresses a written request with the partner's approval. This request must be made at least 3 months before the normal or early retirement, the legal deadlines being reserved. Once the savings capital is paid, the Foundation is free of any obligation toward the insured and his/her beneficiaries.

Please note that the benefits following a purchase cannot be paid in the form of a capital before a delay of 3 years and that the payment of retirement benefits in the form of a capital is subject to taxation. Therefore, the Foundation will announce this payment to the Federal Tax Administration. In case of a payment outside Switzerland, the requested amount will be reduced by the tax at source.

I wish to receive the following benefit in the form of a capital, subject to the blocked purchase of insurance years:

☐ 100% of my retirement lump sum capital (the total amount).

☐ _____ % of my retirement lump sum capital and the remaining amount in the form of a monthly pension.

To attach : 1. A copy of the ID or passport to authenticate the signatures.

- 2. A civil status certification, or family record book, marriage certification or birth certification
- up to date and certified compliant (to require to the commune of residence or commune of origin or to the City Hall)

The insuree is aware that once the capital is paid, all the benefits arising from regulation stop.

Place and date: _____ Insuree's signature: _____

Spouse/partner's signature: _____

Mandatory in case of a full or partial payment in capital

The Foundation confirms by the application that the above-mentioned insured's retirement benefits will be paid in the form of a capital.

Place and date: _____ Patrimonia Foundation

Patrimonia Foundation

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