

Notice of termination in case of retirement

Insuree (To be filled in by the employer)

Family name and first name : _____ AHV No : _____

Address : _____ Post code and town/city : _____

Civil status : ☐ Single ☐ Married ☐ Widower ☐ Divorced
☐ Registered partnership ☐ Dissolved partnership

(This information is important to be able to communicate with the insuree about the instructions concerning the payment of his/her retirement benefit)

Employer : _____ Pension plan : _____

Beginning of the employment contract : _____ Date of retirement : _____

Is the employee full fit for work on the date of departure from the company ? : ☐ Yes ☐ No

If no, for which reason ? : _____ From the : _____

Degree of incapacity of work : _____ %

Salary realized (subject to the LPP) period from _____ to _____ CHF _____

(This information about the realized salary has to be given only if the salary has changed since itw as communicated on the 1st of January of the current year, in order to take it in consideration for the calculation of the retirement benefit.

Place and date :

Signature and stamp of the employer :

Instructions for the payment of the retirement benefit in form of pension (To be filled in by the insuree)

Please complete the following questionnaire according to your current situation and send it back to us duly signed with any required documents.

Complete hereafter, the details of bank where you would like to receive your pension :

Payment details :

Account holder, family and first name : _____

☐ Bank ☐ Post account / Account N° (if IBAN is no available) : _____

Bank (name, place) : _____ SWIFT/BIC code : _____ Clearing/BC : _____

IBAN (max. 34 digits) : _____

Account holder : _____

(Please provide a payment slip or a copy of the bank account identification).

Pensioner's child(ren) pension(s) :

The children pension's are paid at the latest at the age of 25.

⇒To attach : 1. copy of the family record book or of the birth certificates
2. If the child is over 20 years old : confirmation/certification of studies, apprenticeship or school, university

Family name :	First name :	Date of birth :
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place and date :

Insuree's signature :

Informations for the payment of the retirement benefit in form of capital (To be filled in by the insuree)

Please complete the following questionnaire according to your current situation and send it back to us duly signed with any required documents.

Please note that the payment is subject to taxation and that it will be therefore announced to the Swiss Federal Tax Administration. In case of a payment outside Switzerland, the requested amount will be reduce by the tax at source.

According to the articles 21 and 22 of the General Terms and Conditions :

The insuree can require the total or partial of his/her retirement capital in the form of capital, if he sent 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. One the retirement capital is paid, the foundation is free of any obligation toward the insure and his/her beneficiaries.

Capital option made on : _____ Capital option approved by the foundation on : _____

I would like to receive the retirement benefit in form of capital as follow (subject to the blocked purchase of insurance years) :

- ☐ 100% of the retirement capital (Total amount).
☐ ____% of my retirement capital and the remaining amount in the form of a monthly pension.

Payment details :

Account holder, family and first name : _____

☐ Bank ☐ Post account / Account N° (if IBAN is no available) : _____

Bank (name, place) : _____ SWIFT/BIC code : _____ Clearing/BC : _____

IBAN (max. 34 digits) : _____

Account holder : _____

To attach : 1. A copy of the ID or passport to authenticate the signatures.
2. A civil status certification, or family record book, mariage 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

Place and date :

Insuree's signature: _____

Spouse/partner's signature : _____

Mandatory in case of a full or partial payment in capital

An official authentication of the signatures is required by the foundation before any payment in capital