

Payment of retirement benefits in cash

Employer

Company name: _____ Contract No. : _____

Insured person

Name: _____ Social insurance No. : 756. _____

First name: _____ Date of birth: _____

Address: _____ Marital status: _____

Postcode/Town: _____ Occupation: _____

Payment details

Name of bank: _____

Address: _____

Postcode/Town: _____

Account (IBAN): _____

BIC, if abroad: _____

Account holder: _____

Enclosures (depending on your marital status)

- | | |
|---|--|
| <input type="checkbox"/> Insured person is single or widowed: | Recent individual civil status certificate or other recent civil status certificate |
| <input type="checkbox"/> Insured person is married, separated or in a registered partnership: | Legalised signature of spouse or partner before a notary, resident of municipality or Groupe Mutuel agency, etc. |
| <input type="checkbox"/> Insured person is divorced: | Divorce judgment and recent individual civil status certificate |

Place and date:

Signature of the insured person:

Place and date:

Signature of the spouse or registered partner:
