

Payment of retirement benefits in the form of a pension

Employer

Company name: _____ Contract No. : _____

Insured person

Name: _____ Social insurance No. : 756. _____

First name: _____ Date of birth: _____

Address: _____ Marital status: _____

Postcode/Town: _____ Occupation: _____

Further information

Under-age children or children in apprenticeship/study: yes no

Name/First name: _____ Date of birth: _____

Name/First name: _____ Date of birth: _____

Name/First name: _____ Date of birth: _____

Name/First name: _____ Date of birth: _____

Name/First name: _____ Date of birth: _____

Terms of payment

Payment frequency: Monthly Quarterly

Name of bank: _____

Address: _____

Postcode/Town: _____

Account (IBAN): _____

BIC, if abroad: _____

Account holder: _____

Enclosures (to be enclosed if there are children)

Apprenticeship contract or school certificate for children over 18

Copy of the family act specifying the children

Place and date:

Signature of the insured person: