

Payment details of pension capital

Person details of insured

Last name																																								
First name																																								
AVS N°																																								
E-mail																																								
Civil status																																								



Appendices

Please enclose copy of an identity document, as well as, for unmarried / not bound by a registered partnership, a certificate of civil status to be requested from the commune of origin.

I certify that (answer mandatory)

- ☐ I intend to leave Switzerland or shall no longer reside in Switzerland
I note that a withholding tax will be deducted from the retirement capital.

Address abroad

Street																														
Post code, City																														
Country																														

- ☐ I do not intend to leave Switzerland.
I note that the amount of the benefit as a capital sum shall be declared in writing to the contributions administration.

Payment details

(Please attach a payment slip or bank statement)

IBAN																														
Currency																														
Bank / Post																														
Post code, City																														
Account holder																														

Signatures



The signature of the partner is mandatory for persons who are married, bound by a registered partnership or separated.
It must be authenticated by a notary or by an official body.

Signature of the spouse / registered partner

Authentication - Seal and signature

I declare that all the information provided above is in conformity with the truth.

Date

Place

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

Signature of the insured