

Payment of retirement benefits

Employer

Company name: _____ Contract No. : _____

Insured person

Name: _____ Social insurance No. : 756. _____

First name: _____ Date of birth: _____

Address: _____ Marital status: _____

Postcode/Town: _____ Occupation: _____

Terms of payment

- 100% in the form of a retirement pension
- 100% in the form of a lump sum amount
- In a mixed form according to the following breakdown:

Retirement pension: _____ % or CHF _____

Lump sum amount: _____ % or CHF _____

Retirement date: _____

Statutory requirements

- I hereby confirm that I have read the provisions of the pension fund regulations and note that the full payment of a benefit in the form of a lump sum shall put an end to any future claims against the pension fund.
- In the event of a lump sum payment, the legalised signature (before a notary, justice of the peace, etc.) of the spouse or registered partner will be requested on the due date, for agreement.
- This benefit (pension or lump sum) will be notified to the tax authorities. However, the insured person may oppose this notification and in this case withholding tax will be retained (currently 8% on the lump sum or 15% on the pension). In this case, a request must be sent in writing to the Pension Fund by registered mail, within 30 days of the date of dispatch of this form.

Place and date:

Signature of the insured person:

Place and date:

Signature of the spouse or registered partner:
