

PERSONAL DETAILS OF THE INSURED

Last, first name: Date of birth:
E-mail: Telephone:
Civil status: single married divorced widow(er)
 registered partnership dissolved partnership

INDICATION ABOUT RETIREMENT

I hereby request that my pension benefit be paid to me as follows:

- I wish to receive my full pension benefit in the form of a lump sum. I note that this payment will terminate all my rights and those of my beneficiaries towards the Fonds;
- I would like to receive part of my pension benefit in the form of a lump sum and the other part of my pension benefit in the form of an annuity, to wit:
- CHF in the form of a capital sum and the balance in the form of a pension.
- or
- CHF in the form of a pension and the balance in the form of capital.

CONDITIONS AND DEADLINES

In order to be eligible, the insured person or the insured person receiving a disability pension must notify the Foundation in writing at least 3 months before the entitlement arises.

This declaration is irrevocable once the 3-month period has passed.

Benefits resulting from a purchase cannot be paid out in the form of a lump sum before three years have elapsed.

SIGNATURES

Signature of the spouse/registered partner (obligatory for persons who are married, bound by a registered partnership or separated):

Signature of the spouse/registered partner must be authenticated by a notary or by an official body.

Authentication of the signature of the spouse/registered partner

(seal and signature)

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

Place, date: Signature of the insured: