

Retirement form

(This form is to be completed by the insured person)

Page 1 / 3

Please complete the form and return it to: invor@libera.ch
(in case of a lump-sum payment, the original document must be sent by post)

1. Insured person

Retirement date _____

First name, surname _____

Date of birth _____

Street, no. * _____

Country, post code, place * _____

Phone _____

E-Mail (private) _____

I am married / in a registered partnership yes no

Date of marriage / registration of partnership _____

Spouse / registered partner First name _____

Surname _____

Date of birth _____

Social security no. _____

I am completely fit for work yes no

* In the case of a lump-sum payment, the place of residence at the time of the lump-sum payment is decisive. Any changes of address must be reported immediately.

2. Account details for payment of pension benefit

Name of account holder _____

Address of account holder _____

Name of bank, place _____

IBAN and BIC _____

3. Account details for payment of lump-sum benefit

Name of account holder _____

Address of account holder _____

Name of bank, place _____

IBAN and BIC _____

4. Children entitled to a pension (enclose confirmation of education according to regulations)

First name	Surname	Date of birth	Social security no.	Relationship *
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* B = Biological child / A = Adopted child / Fs = Foster child with support obligation / F = Foster child without support obligation

5. Pension payment and/or lump-sum payment

Pension payment

Lump-sum payment *

maximum lump-sum payment

partial lump-sum payment CHF _____

partial lump-sum payment in % _____

* Extra contributions from private funds in the last three years cannot be taken as lump-sum.

6. Savings account (if available)

Total savings account as a lump-sum payment

Total savings account as a pension

Partial lump-sum payment of CHF _____
and remaining savings as a pension

7. Bridging pension request

No bridging pension

Maximum bridging pension according to regulations

Monthly bridging pension of CHF _____

Duration of bridging pension payments from _____ to _____

8. Choice of the spouse's or Civil Partner's pension

40% of the retirement pension (with increase in retirement pension)

60% of the retirement pension (without reduction or increase in retirement pension)

100% of the retirement pension (with reduction of retirement pension)

9. Remarks

10. Note on lump-sum payment and/or reduction of the co-insured spouse's pension to 40% (section 8)

For a lump-sum payment and/or reduction of the co-insured spouse's pension, we need the following:

- a current civil status certificate from unmarried persons in case of payments exceeding CHF 5'000. This can be obtained from the responsible civil register office in the place of origin. Foreign citizens resident in Switzerland are requested to contact their embassy or consulate.
- the consent of the spouse or registered partner from married persons or persons in a registered partnership. For payments exceeding CHF 5'000, the signature is to be provided and authenticated in the presence of a public official if you are domiciled in Switzerland or in the presence of a notary if you are domiciled abroad. The authentication must be made in section "Confirmation" in this form.

11. Confirmation

If benefits are retrospectively granted by the Federal Disability Insurance after the procedures have been settled for retirement as a result of disability (due to an accident or disease), I am aware that the pension fund has to reprocess the retirement. In the event of any reprocessing, I agree to the retirement benefits already paid out being offset fully against the disability benefits, especially in the event of a (partial) lump-sum payment of the retirement benefits.

The insured person confirms that the details given are correct and complete:

Place, date

Signature of insured person

Only to be completed in the case of a lump-sum payment and/or reduction of the co-insured spouse's pension

The spouse / registered partner consents to the lump-sum payment and/or reduction of the co-insured spouse's pension:

Place, date

Signature of the spouse / registered partner

Authentication of the signature of the spouse / registered partner, only for a lump-sum payment over CHF 5000 and/or reduction of the co-insured spouse's pension:

Place, date

Stamp, signature

The authentication of the signature must not be older than six months at the time of retirement!

