

RETIREMENT DECLARATION (to be completed by the insured person)

Company: _____ Connection No: _____

1. Personal Details

Last Name: _____ First Name: _____

Street, No: _____ Postcode, City: _____

Date of Birth: _____

Civil Status¹⁾ ☐ single ☐ widowed ☐ married ☐ divorced

¹⁾ Please enclose proof of civil status if not married.

2. Retirement Date and Degree

Retirement Date: _____ ☐ early ☐ ordinary ☐ deferred ☐ partial retirement Partial retirement, continuing to work at %, at an annual salary of CHF: _____

Was an advance withdrawal made to finance residential property (WEF)?

☐ Yes ☐ No (does not apply to TZP)

Retirement capital approx. _____ Retirement pension annually approx. _____

(according to current statement of pension benefits)

3. Withdrawal of Retirement Benefit

☐ The insured person wishes the entire retirement benefit to be paid out in the form of a retirement pension. Is there any entitlement to a retirement child's pension pursuant to Art. 29 of the Pension Regulations? ☐ Yes²⁾ ☐ No

²⁾ Please enclose copies of the identity cards of the eligible children.

☐ The insured person wishes to make use of the possibility provided for in the Pension Regulations of payment in the form of a one-off lump-sum settlement.

Of the available retirement capital, at the time of retirement / partial retirement

☐ CHF _____ ☐ the total amount³⁾

should be paid out in capital form. Any remaining entitlement will be drawn in the form of a retirement pension.

³⁾ The insured person acknowledges that all regulatory claims against the Alvoso Pension Fund are settled on withdrawal of the retirement capital.

4. Paying agent of the occupational benefits organisation or vested benefits account

☐ Bank ☐ Post

IBAN No. (max. 34 digits): _____

Bank (Name, Postcode, City, State): _____

SWIFT Code (BIC): _____ Clearing/BLZ: _____

Note on Partial Retirement:

Working time can be reduced in up to three sub-steps, whereby each sub-step must amount to 20%. In addition, a lump-sum payment can be selected a maximum of twice only. As the cantonal tax authorities occasionally stipulate higher minimum sub-steps (e.g. Zurich sub-step of at least 30%), we recommend that you submit an enquiry to your tax authority.

Place and Date: _____

Signature of Insured Person: _____

For Lump Sum Settlement

Officially Certified Signature

Spouse: _____