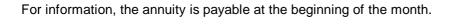




Personal	data

Fι	ıll name:	Dossier no :
Da	ate of birth:	AVS no:
Ma	arital status:	Nationality(ies):
St	reet:	
ΖI	P, city:	Country:
Pł	none no:	Private email:
٠.		
	noice of benefits	
rei co	tirement benefit that follows an ongoing disability ntributions) cannot be paid as a lump sum.	from the beginning of the entitlement to benefits. A benefit (annuity and/or release from payment of
	nis form must reach Profelia at least 1 month beformulated in the properties and the respected in the must be respected in the must be respected.	re the retirement date (except for the AVS bridge).
0	AVS bridge annuity	
	In the event of retirement before the legal AVS ag legal retirement age.	e, you can request an AVS bridge annuity until the
	Amount chosen*: CHF	
	Financed by:	nployer
0	Entirely in form of annuity	=> complete figure 1
0	Entirely in form of lump sum	=> complete figure 2
0	Combined in the form of annuity and lump sum a. amount of lump sum desired:	=> complete figures 1 and 2 and the following data:
	(at least a quarter of your savings account) The balance is paid in the form of annuity.	CHF
	b. amount of annual annuity desired: The balance is paid in the form of lump sum.	CHF
1.	Information to be filled out for payment of an an	nuity
Pa	nyment details	
	IBAN no:	
	Name of financial institution:	
	ZIP, city:	Country:
	Full name of the account holder:	
	Date of birth:	
	Street:	
		Country:





Notes for foreign payments:



please provide a bank account identity (RIB) with IBAN and SWIFT numbers
unless you indicate otherwise, the payment will be made in the currency of the country of destination.

Data related to children aged under 25

a.	Children aged under 18 : please indicate be certificate or birth certificate.	elow their perso	onal data and	enclose a copy o	of the family
Full r	name		Date	of birth	Foster*
b.	Children between 18 and 25 (in apprenti Insurance (AI)): please indicate their pers apprenticeship stating the start and end date a copy of the family certificate or birth certificate	onal data beloes of their stud	ow and provid	le a certificate	of study or
				ours per week study	
Full r	name	Date of birth	Hours of class work	Student study time	Foster*
0	you are domiciled in Switzerland, do you inte no yes, departure date : Address abroad: Street:				
	ZIP, city: or persons domiciled in Switzerland: I tak I be declared to the tax authorities through F	Coul	ntry: y total annual	annuity above (CHF 500.00,
	w on Withholding Tax of October 13, 1965.	, , , , , , , , , , , , , , , , , , , ,			
tha	or persons domiciled abroad or intending at withholding tax may have to be levied on runt to me separately.				
Signa	ature				
res	ereby certify that the information provided a sidence permit or passport is necessary for the annuity if the form is duly completed an	or processing	the dossier.	Profelia will onl	
l ta	ake note that my choice is a definitive and irr	evocable decis	ion.		
Pla	ace and date	Signature o	of the insured p	person	





2.			ut for the payment of the lump s		
		iu made a voluntary three years?	y purchase with a pension fund wi	tnin ○ yes	○ no
Pa	ayment d	etails			
	person.		mp sum benefit to be paid to a m, the insured person certifies the		
	IBAN no	:			
	Name of		n:		
			(
	- please		s: count identity (RIB) with IBAN and wise, the payment will be made in		ountry of destination.
Ta	axation				
		of current residence domiciled in Swit	ce: tzerland, do you intend to settle ab	broad when you retire	?
	○ no○ yes,	departure date:			
		Street:			
			(
	CHF 5'0	00.00, will be decla	in Switzerland: I take note ared to the tax authorities through aholding Tax of October 13, 1965.	n Profelia, in complian	
	that with		broad or intending to settle abrelevied on the lump sum benefit. s as follows:		
		e person (single, w enticeship or studyi	ridowed, divorced, taxed separate	ely or bringing up a m	inor child who is in an
	O marri	ied person living in	the same household.		
			can be claimed within three years. with the certificate of tax at source.	An official application f	orm for reimbursement



Signatures

I hereby	certify	y that	all in	formation	prov	vided	d abo	ve	corre	sponds to	the	truth.	Profelia v	will	only be ab	ole to
pay the	lump	sum	upon	retireme	nt if	the	form	is	duly	complete	ed ar	nd the	request	ed	documents	s are
provide	d.															

I take note that the choice made is a definitive and irrevocable decision.
--

Place and date	Signature of the insured person
The spouse/registered partner has taken note payment of his/her spouse/registered partner, and	of the consequences of the retirement lump sum d confirms his/her agreement to this payment.
Place and date	Signature of the spouse/registered partner

For persons who are married, separated or bound by a registered partnership, the signatures of the insured person and his/her spouse/registered partner must be legalised by a notary. The persons concerned may also have the signatures authenticate free of charge at the reception of Retraites Populaires in Lausanne bringing with them a valid identity document.

For persons who are unmarried and not bound by a registered partnership (single, divorced, partnership dissolved or widowed), please provide a certificate of marital status less than 90 days old, to be requested from the competent civil registry office.