



| <b>Personal</b> | data |
|-----------------|------|

| Full name:  | Dossier no :  |  |  |
|---|---|--|--|
| Date of birth:  | AVS no:   |  |  |
| Marital status:   | Nationality(ies):   |  |  |
| Street:   |   |  |  |
| ZIP, city:  | Country:  |  |  |
| Phone no:   | Private email:  |  |  |
| Choice of benefits  |   |  |  |
| retirement benefit that follows an ongoing disabilit contributions) cannot be paid as a lump sum.           | is from the beginning of the entitlement to benefits. A by benefit (annuity and/or release from payment of effective retirement date (except for the AVS bridge d). |  |  |
| O AVS bridge annuity In the event of retirement before the legal AVS a legal retirement age.                | age, you can request an AVS bridge annuity until the  |  |  |
| Amount chosen*: CHF   | employer  |  |  |
| ○ Entirely in form of annuity   | => complete figure 1  |  |  |
| ○ Entirely in form of lump sum  | => complete figure 2  |  |  |
| O 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   |  |  |
| <ul><li>b. amount of annual annuity desired:</li><li>The balance is paid in the form of lump sum.</li></ul> | CHF   |  |  |
| 1. Information to be filled out for payment of an a   | nnuity  |  |  |
| Payment details   |   |  |  |
| IBAN no:  |   |  |  |
| Name of financial institution:  |   |  |  |
| ZIP, city:  | Country:  |  |  |
| Full name of the account holder:  |   |  |  |

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.

For information, the annuity is payable at the beginning of the month.





## Data related to children aged under 25

| Full name              |  | Date of birth   | Monthly in     | ncome CHF          | Foster*     |
|------------------------|--|---|----------------|--------------------|-------------|
|                        |  |   |                |                    |             |
|                        |  |   |                |                    |             |
| Insur<br>appr          | dren between 18 and 25 rance (AI)): please indicate enticeship stating the start apy of the family certificate o   | e their personal data belo<br>and end dates of their studio | w and provid   | de a certificate   | of study of |
| Full name              |  | Date of birth   | Hours of study | Monthly income CHF | Foster*     |
|                        |  |   |                |                    |             |
|                        |  |   |                |                    |             |
| If you and O no O yes, | Address abroad:  |   |                |                    |             |
|                        | Street:  |   |                |                    |             |
|                        | ZIP, city:   | Coun  | ury:           |                    |             |
| will be o              | rsons domiciled in Switze<br>declared to the tax authoritie<br>Withholding Tax of October  | es through Profelia, in acco                                |                |                    |             |
| that with              | rsons domiciled abroad on<br>tholding tax may have to be<br>me separately.   |   |                |                    |             |
| ignature               |  |   |                |                    |             |
| residen                | certify that the information oce permit or passport is reasonable if the form is duly contains the contains the form is duly contains the form is du | necessary for processing                                    | the dossier.   | Profelia will on   | •           |
| I take no              | ote that my choice is a defin  | itive and irrevocable decisi                                | on.            |                    |             |
|                        |  |   |                |                    |             |





| 2.  | Informa        | tion to be filled or                         | ut for the payment of the li   | ump sum            |            |                         |    |
|-----|----------------|--|--|--------------------|------------|-------------------------|----|
|     |                | u made a voluntary<br>three years?           | purchase with a pension fu   |                    | yes        | ○ <b>no</b>             |    |
| Pay | yment d        | etails                                       |  |                    |            |                         |    |
|     | person.        |  | mp sum benefit to be paid m, the insured person certif                             |                    |            |                         |    |
|     | IBAN no        | :  |  |                    |            |                         |    |
|     | Name of        |  | n:   |                    |            |                         |    |
|     |                |  |  |                    |            |                         |    |
|     | - please       |  | s:<br>count identity (RIB) with IBA<br>vise, the payment will be ma                |                    |            | country of destination. |    |
| Tax | xation         |  |  |                    |            |                         |    |
|     |                | of current residenc<br>e domiciled in Swit   | e:<br>zerland, do you intend to se   | ttle abroad when   | you retire | ∍?                      |    |
|     | ○ no<br>○ yes, | departure date:                              |  |                    |            |                         |    |
|     |                | Street:                                      |  |                    |            |                         |    |
|     |                | ZIP, city:                                   |  | Country:           |            |                         |    |
|     | CHF 5'0        | 00.00, will be decla                         | in Switzerland: I take rared to the tax authorities the holding Tax of October 13, | rough Profelia, ir |            |                         |    |
|     | that with      |  | oroad or intending to settle levied on the lump sum bear as follows:               |                    |            |                         |    |
| (   |                | e person (single, wi<br>enticeship or studyi | idowed, divorced, taxed sep  | parately or bringi | ng up a m  | ninor child who is in a | ın |
| (   | ○ marri        | ed person living in                          | the same household.  |                    |            |                         |    |
|     |                |  | can be claimed within three ye with the certificate of tax at so                   |                    | pplication | form for reimbursement  | nt |

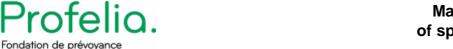


| Signatures |
|------------|
|------------|

I hereby certify that all information provided above corresponds to the truth. I have taken note that the lump sum payment reduces the annuity in proportion to the amount paid. Profelia will only be able to pay the lump sum upon retirement if the form is duly completed and the requested documents are provided.

| I have taken 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 o case of death or divorce) of paying the amount i | f the consequences (reduction/withdrawal of benefits in ndicated on this form and gives his/her consent. |  |
| Place and date  | Signature of the spouse/registered partner*  |  |

\* Depending on your personal situation, various documents must be attached to this form to prove your marital status and, if applicable, the consent of your spouse/registered partner. You will find all the information you need in the enclosed notice.



# Marital status and consent of spouse/registered partner

In case of cash payment, withdrawal/pledging for encouragement of home ownership or the lump sum payment of benefits, Profelia must check the insured person's marital status or the consent of his/her spouse or registered partner.

The documents to be provided and the steps to be taken by the insured according to his/her personal situation are defined below.

## For unmarried insured persons

Vorsorgestiftung

Unmarried persons and who are not bound by a registered partnership (single, divorced, dissolved partnership or widowed) must provide us with a certificate of marital status less than 90 days old.

This document can be ordered from the competent civil registry office.

## For insured persons who are married or bound by a registered partnership

Persons who are married, separated or bound by a registered partnership must have their handwritten signature (holograph) legalised, as well as that of their spouse/partner.

## Legalisation procedure in Switzerland

# Official

Only a legalisation performed by a notary is permitted. To have their signatures legalised, the insured person and his/her spouse/partner must present themselves in person before a **notary**, bringing with them a valid proof of identity.

The legalisation of a signature is billed by the notary on the basis of the applicable rate.

It is also possible for the insured person and his/her spouse/partner to have the signatures legalised free of charge by going personally to one of our receptions with a valid identity document.

## Legalisation procedure abroad

### By apostil

**Simplified** 

If legalisation cannot be performed in Switzerland or by video (see below), the request form for cash payment, withdrawal, pledging, or the form for confirming the choice of the lump-sum payment of benefits must be accompanied by a certified copy of the proofs of identity of the insured person and his/her spouse/partner.

The copy must be authenticated by an apostil. The website of the Hague Conference on Private International Law (www.hcch.net) provides additional information on apostils.

## Legalisation procedure in Switzerland or abroad

By video exchange The insured person and his/her spouse/partner can also have their signatures verified free of charge by video exchange with the file case manager. Please contact us if you are interested.

