

Personal 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

This choice is a definitive and irrevocable decision as from the beginning of the entitlement to benefits. A retirement benefit that follows an ongoing disability benefit (annuity and/or release from payment of contributions) cannot be paid as a lump sum.

This form must reach Profelia at least one month before the retirement date (except for the AVS bridge annuity where a period of 3 months must be respected).

AVS bridge annuity

In the event of retirement before the legal AVS age, you can request an AVS bridge annuity until the legal retirement age.

Amount chosen*: CHF

(* invariable and not exceeding the maximum full AVS annuity)

Financed by: lifetime deduction on retirement annuity
 lump sum payment from the employer
 lump sum payment from the employee

- Entirely in form of annuity →complete figure 1
 Entirely in form of lump sum →complete figure 2
 Combined in the form of annuity and lump sum →complete figures 1 and 2 and the following data:

a. amount of lump sum desired: (at least a quarter of your savings account) CHF
 The balance is paid in the form of annuity.

b. amount of annual annuity desired: CHF
 The balance is paid in the form of lump sum.

1. Information to be filled out for payment of an annuity

Payment details

IBAN no:
 Name of financial institution:
 ZIP, city: Country:
 Full name of the account holder:
 Date of birth:
 Street:
 ZIP, city: 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.

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



Data related to children aged under 25

a. Children aged under 18: please indicate below their personal data and enclose a copy of the family certificate or birth certificate.

Full name	Date of birth	Foster*
		<input type="checkbox"/>
		<input type="checkbox"/>

b. Children between 18 and 25 (in apprenticeship, study or receiving a full annuity from Disability Insurance (AI)): please indicate their personal data below and provide a certificate of study or apprenticeship stating the start and end dates of their studies or a copy of the AI decision, as well as a copy of the family certificate or birth certificate.

Full name	Date of birth	Number of hours per week for study		Monthly income CHF	Foster*
		Hours of class work	Student study time		
					<input type="checkbox"/>
					<input type="checkbox"/>

* For foster children, please tick the box and indicate under monthly income whether a pension is paid by a third party.

Taxation

Country of current residence:

If you are domiciled in Switzerland, do you intend to settle abroad when you retire?

no

yes, departure date :

Address abroad:

Street:

ZIP, city: Country:

For persons domiciled in Switzerland: I take note that any total annual annuity above CHF 500.00, will be declared to the tax authorities through Profelia, in accordance with the provisions of the Federal Law on Withholding Tax of October 13, 1965.

For persons domiciled abroad or intending to settle abroad at the time of retirement: I take note that withholding tax may have to be levied on my annuities. If appropriate, additional information will be sent to me separately.

Signature

I hereby certify that the information provided above is true. I note that **a copy of a valid identity card, residence permit or passport is necessary for processing the dossier.** Profelia will only be able to pay the annuity if the form is duly completed and the requested documents are provided.

I take note that my choice is a definitive and irrevocable decision.

.....
Place and date

.....
Signature of the insured person

2. Information to be filled out for the payment of the lump sum

Have you made a voluntary purchase with a pension fund within the last three years?

yes

no

Payment details

It is compulsory for the lump sum benefit to be paid to a financial account belonging to the insured person. By signing this form, the insured person certifies that the financial account indicated below is not that of a third party.

IBAN no:

Name of financial institution:

ZIP, city: 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.

Taxation

Country of current residence:

If you are domiciled in Switzerland, do you intend to settle abroad when you retire?

no

yes, departure date:

Address abroad

Street:

ZIP, city: Country:

For persons domiciled in Switzerland: I take note that any lump sum payment exceeding CHF 5'000.00, will be declared to the tax authorities through Profelia, in compliance with the provisions of the Federal Law on Withholding Tax of October 13, 1965.

For persons domiciled abroad or intending to settle abroad at the time of retirement: I take note that withholding tax will be levied on the lump sum benefit. To allow Profelia to determine the applicable rate, I confirm that my personal situation is as follows:

single person (unmarried; widowed, divorced or taxed separately)

single person assuming the full maintenance of a minor child, in apprenticeship or studies

married person living in the same household.

In some cases, tax refunds can be claimed within three years. An official application form for reimbursement will be given to you together with the certificate of tax at source.

Signatures

I hereby certify that all information provided above corresponds to the truth. 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 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 of the consequences of the retirement lump sum payment of his/her spouse/registered partner, and confirms his/her agreement to this payment.

.....
Place and date

.....
Signature of the spouse/registered partner

For persons who are married, separated or in a registered partnership, the signatures of the insured and his/her spouse/registered partner must be notarised. The persons concerned can also go to our reception or one of our agencies with an identity document in order to have their signatures authenticated free of charge.

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 1 month old, to be requested from the competent civil registry office.