

## **Notification of Retirement (Employer)**

| Date of retirement                            |                        |                     |               |
|---|------------------------|---------------------|---------------|
| Name  |                        | First name          |               |
| Street/no.                                    |                        |                     |               |
| ZIP code/town                                 |                        |                     |               |
| Date of birth                                 |                        | SI number 75        | 56.           |
| Marital status                                | single                 | married             | divorced      |
|   | registered partnership | dissolved partner   | rship widowed |
| Regular retire                                | ment                   |                     |               |
| Early or defer                                | red retirement         |                     |               |
| Partial retirement of %                       |                        |                     |               |
| New AHV salary                                |                        | New level of employ | ment (%)      |
| Is the insured person able to work full time? |                        | yes no              |               |

## Insured persons entitled to a pension of the Foundation for a Flexible Retirement Age (Stiftung FAR)

Insured persons who are entitled to a FAR-pension cannot stay insured with Valitas Sammelstiftung BVG.

Application with "Stiftung FAR" has been filed (please enclose a copy).

The savings capital needs to be transferred. The available options are:

the **compulsory part** (LOB/BVG) is transferred to the Substitute Occupational Benefit Institution, the over-compulsory part is paid out as a cash payment to a private account.

the **full amount** is transferred to the Substitute Occupational Benefit Institution (please contact the Institution prior to the transfer).

the **full amount** is paid out as a cash payment to a private account.

A transfer of the vested benefits to a vested benefits foundation is not possible.



## **Notification of Retirement (Employee)**

| Company  |  |  |                        |                   |  |
|--|--|--|------------------------|-------------------|--|
| Date of retirement   |  |  |                        |                   |  |
| Name   | First name   |  |                        |                   |  |
| Street/no.   |  |  |                        |                   |  |
| ZIP code/town  |  |  |                        |                   |  |
| Date of birth  |  | SI number  | 756.                   |                   |  |
| Marital status   | single<br>registered partnership   | married<br>dissolved partne                        |                        | ivorced<br>idowed |  |
| If you wish to rece<br>at least 1 month                                | e Pension or a Lump-Sum Payerve a lump-sum payment, you me prior to your retirement. Due tion has been made within three y                               | ust send a written notif<br>to tax reasons, a lump | o-sum payment is n     |                   |  |
| Cash Payment   |  |  |                        |                   |  |
| I choose the ca  | ash payment of the full amount (1  | 00%)   |                        |                   |  |
| I choose the pa  | artial cash payment of   | CHF  | or                     | %                 |  |
| entirely satisfied.  | ayment has been executed, any<br>No further benefits shall be grai<br>ent, these benefits shall be reduc   | nted (neither to childrer                          | n nor to survivors);   | if you choose     |  |
| <ul><li>→ Certificate of Civil</li><li>→ Current Certificate</li></ul> | nts (not older than 3 months):  Il Status (unmarried insurees) / Famil te of Civil Status of your life partner Il signature of the spouse or the life pa | ·  | ees / registered partn | ers)              |  |
| Pension  |  |  |                        |                   |  |
| I choose the fu  | Il pension (100%)  |  |                        |                   |  |
| I choose the pa  | artial pension (pension amount pe  | er year): CHF                                      |                        |                   |  |
| → Certificate of Civi  | nts (not older than 3 months):<br>il Status (unmarried insurees) / Famil<br>te of Civil Status of your life partner                                      | y Certificate (married insur                       | ees / registered partn | ers)              |  |



## **Children's Pension**

| Entitled to a children's pension are children  |   |  |  |  |
|--|---|--|--|--|
| <ul> <li>a) up to their 18<sup>th</sup> birthday</li> <li>b) or, after their 18<sup>th</sup> birthday, until the end of their training but no longer than their 25<sup>th</sup> birthday.</li> </ul> |   |  |  |  |
| Name, first name and date of birth:  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| Required documents:  → Current Family Certificate mentioning the date of birth of  → Confirmation of enrolment from a recognised institution for   |   |  |  |  |
| Payment Address  |   |  |  |  |
| Bank   |   |  |  |  |
| IBAN   |   |  |  |  |
| Account holder   |   |  |  |  |
|  |   |  |  |  |
| Signatures   |   |  |  |  |
| This document is a translation. In the event of a disput   | te, the German version shall prevail.                                     |  |  |  |
| Date   | Signature of the insured person   |  |  |  |
|  | - ·   |  |  |  |
| Only required in case of cash or partial cash paym   | nent:   |  |  |  |
| Date   | Officially certified signature of spouse/ registered partner/beneficiary* |  |  |  |

<sup>\*</sup>The certification must be made on this form and may not be older than 3 months.