

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	on 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 7	756.	
Marital status	single registered partnership	married dissolved partne	-	vorced idowed
If you wish to rece at least 1 month	e Pension or a Lump-Sum Pageive a lump-sum payment, you make prior to your retirement. Due tion has been made within three y	nust send a written notifi to tax reasons, a lump	-sum payment is n	
Cash Payment				
I choose the ca	ash payment of the full amount (1	•		
I choose the pa	artial cash payment of	CHF	or	%
entirely satisfied.	ayment has been executed, any No further benefits shall be graent, these benefits shall be reduc	nted (neither to childrer	n nor to survivors);	if you choose
→ Certificate of Civil→ Current Certificate	nts (not older than 3 months): il Status (unmarried insurees) / Famil te of Civil Status of your life partner I signature of the spouse or the life partner		ees / registered partne	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): il Status (unmarried insurees) / Famil te of Civil Status of your life partner	y Certificate (married insur	ees / registered partne	ers)



Children's Pension

Date	Officially certified signature of spouse/			
Only required in case of cash or partial cash payment:				
Date	Signature of the insured person			
This document is a translation. In the event of a dispute, the German version shall prevail.				
Signatures				
Account holder				
IBAN				
Bank				
Payment Address				
Required documents: → Current Family Certificate mentioning the date of birth of → Confirmation of enrolment from a recognised institution for				
Name, first name and date of birth:				
 a) up to their 18th birthday b) or, after their 18th birthday, until the end of their tr 	aining but no longer than their 25 th birthday.			
Entitled to a children's pension are children				

registered partner/beneficiary*

^{*}The certification must be made on this form and may not be older than 3 months.