

Notification of retirement

Company _____
 Policy no. _____
 Plan _____

1. Personal details

Last name _____ First name _____
 Street/no. _____ Postcode, town/city _____
 NI no. 756. _____ Date of birth _____
 Telephone _____ Email _____
 Retirement as of _____

Is the insured party married/in a registered partnership or separated? yes no

Is the person fully capable of working? yes no

Departure as a result of termination of employment by the employer yes no

Note: In the event of dismissal by the employer after reaching the age of 58, you have the right to continue the occupational pension plan at your own expense under Art. 47a LOB. The relevant form (which can be found at www.futura.ch) must be submitted within 30 days of the date of departure/retirement.

Termination of employment due to headcount reduction/restructuring yes no

Notification duty regarding partial liquidation (for details, please see the Regulations on the Total and Partial Liquidation of Pension Funds): the employer is required by law to notify the Foundation immediately of any headcount reduction or restructuring of its company that may lead to a partial liquidation.

2. Early retirement/semi-retirement as of _____ from _____ %

New semi-retirement annual AHV salary CHF _____, new employment level _____ %

I would like the following form of retirement benefit:

Retirement pension with deferred survivors' pensions

Lump-sum withdrawal of the retirement pension without further entitlements

Partial lump-sum withdrawal of the retirement pension Requested lump-sum withdrawal: CHF _____

3. Payment address

- Bank account, name of the bank _____
Account no. _____ Clearing no. _____
SWIFT/IBAN _____
- Post office account, account no. _____

Date and signature of the insured party

Date, company (stamp and signature)

Date and signature of the spouse/registered partner
(mandatory in the case of married people/registered partners)

The signature of the insured party and the spouse or registered partner must be notarised by a notary or the municipality if the amount exceeds CHF 30,000.

Children eligible for benefits

1. Enclosed for:

- Children under 20 years of age
- Children under 25 years of age in education
- Disabled children under 25 years of age

Copy of the family register booklet, copy of proof of registration at an educational institution, copy of the official statement granting disability benefits

2. Marital status (only to be completed in the event of full or partial lump-sum withdrawal)

- Single / widowed / divorced / partnership dissolved by death / legally dissolved partnership

The following must be submitted

- Official confirmation of marital status (certificate of marital status or family register booklet obtainable from the registry office of the place of origin), not more than one month old. For foreigners, confirmation of the registered marital status for foreign nationals and stateless persons, not more than one month old.
- Notarised signature (notary/municipality) of the insured party if the amount exceeds CHF 30,000.

- Married / separated / registered partnership

The following must be submitted

- Signature of the insured party and the spouse or registered partner if the amount exceeds CHF 30,000 (notarised by a notary/municipality).
- Copy of the passport or identity card of the insured party and the spouse or registered partner if the amount is below CHF 30,000.
- Official confirmation of marital status (certificate of marital status or family register booklet obtainable from the registry office of the place of origin), not more than one month old. For foreigners, confirmation of the registered marital status for foreign nationals and stateless persons, not more than one month old.

Purchases

Have you made purchases for missing contribution years or early retirement in the last three years?

- no yes (if yes, please provide details below)

Amount in CHF _____

Date _____

I have been informed that it is no longer possible to fully or partially withdraw my retirement assets as a lump sum within a blocking period of three years after a purchase of additional benefits without incurring adverse tax consequences. I am responsible for obtaining the necessary information from my tax administration and for the consequences arising as a result of the lump-sum withdrawal.