

Form for active insured persons

Questionnaire about early or ordinary retirement

Send to: Pension Fund of the Siemens Companies in Switzerland, Freilagerstrasse 40, 8047 Zurich

Insured person

Surname: _____		First name: _____
Street No.: _____		
Post code: _____	Place: _____	Country: _____
Date of birth: _____		AHV No.: 756. _____
Civil status:		
<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership		
Date of marriage or date of partnership registration: _____		Employer: _____
Place of origin/nationality: _____		Residence permit (foreign nationals): _____
Telephone: _____		Email: _____

Person living in a marriage, person living in a registered partnership or notified domestic partnership

Surname: _____	First name: _____
Date of birth: _____	AHV No.: 756. _____

Retirement details

Which type of retirement applies to you? _____

Ordinary retirement
 Early retirement
 Partial retirement (%): _____

(Partial) retirement on (date): _____

If early retirement:

Are you still fully fit for work? _____

yes
 no

I would like a monthly AHV replacement pension* of CHF: _____
 (max. 100% of the monthly AHV pension)

* Please note: if you draw an AHV replacement pension, your retirement pension or the lump-sum benefit stipulated in Art. 26 of the pension fund regulations will be reduced by the corresponding amount.

Retirement pension and/or lump-sum*

How do you wish to draw the retirement benefit to which you are entitled?

- 100% retirement pension
- 100% lump-sum
- Part lump-sum of CHF _____ (rest as a retirement pension)
- Annual pension of CHF _____ (rest as a lump-sum)

* **Information about lump-sum:** voluntary purchases made within the 3 year block placed on lump-sum withdrawals will be converted into a retirement pension.

Financial preference of the person living in a marriage, registered partnership or domestic partnership

- | | |
|--|---|
| <input type="checkbox"/> I wish the spouse's prospective pension to be increased pursuant to Art. 24.8 of the pension fund regulations. I am aware that this will result in a lifetime reduction of my own retirement pension. | Monthly increase to:
<input type="checkbox"/> 70%
<input type="checkbox"/> 80%
<input type="checkbox"/> 90%
<input type="checkbox"/> 100% |
|--|---|

If 100% lump-sum withdrawal or partial lump-sum withdrawal: consent of the spouse or person living in a registered partnership

I agree to the lump-sum withdrawal.

Surname: _____

First name: _____

Place/date

Signature of the person living in a marriage or registered partnership

Official certification of this signature

Certifications in Switzerland: by a local authority or municipal mayoral office or by a notary

Place/Date

Stamp/signature of the official

Signature of the insured person

I have taken due note of the content of the notice about "Retirement."

Surname: _____ First name: _____

Place/Date Insured person's signature

Your bank account

Name of bank: _____

Post code: _____ Place: _____ Country*: _____

IBAN: _____ BIC/SWIFT code*: _____

Account holder (first name, surname): _____

* for payments to another country

Documents/attestations required

For 100% or partial lump-sum withdrawal

- **Valid civil status certificate for the insured person** (obtainable from the Civil Status Office; the certificate must not be more than three months old at the time of retirement)
- **Official certification of the signature of the spouse or registered partner** (on page two of this document; the certificate must not be more than three months old at the time of retirement)

If there are children under the age of 20 or in education

- Family identity document
 - If applicable: copy of apprenticeship contract or attestation of studies.
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