

## Application for lump-sum payout in the event of survival

### Insured person

Last name	First name	Social insurance number
_____	_____	_____
Address	City / postcode	Marital status
_____	_____	_____

The member of the pension fund hereby requests, that with reaching retirement age

his/her complete amount of retirement savings capital

or \_\_\_\_\_ CHF of his/her retirement savings capital (remaining part as pension)

or \_\_\_\_\_ % of his/her retirement savings capital (remaining part as pension)

is paid out in form of a lump-sum capital. The member of the pension fund takes note that this declaration is irrevocable and that with the payment of the lump-sum capital all claims out of the pension fund in relation to the obtained amount of retirement savings capital are satisfied. This means that no retirement pension, no surviving spouse's pension, no orphan's pension and no pensioner's child pension will be paid out in relation to the obtained amount of retirement savings capital.

If the insured person is married, the officially certified signature of the insured person as well as of his or her spouse is required before the lump sum can be paid.

**Place and date**

**Signature of the insured person**

\_\_\_\_\_

\_\_\_\_\_

**I agree to a cash payout**

**Signature of spouse**

\_\_\_\_\_

**Official certification of both signatures**