

Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe

Personalvorsorgestiftung der
Feldschlösschen-Getränkegruppe
c/o Avadis Vorsorge AG
Zollstrasse 42
P.O. Box
8031 Zurich

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Notification of retirement

To ensure that the retirement can be processed as requested, please return the completed and signed form no later than **two months** before the chosen retirement date.

Insured person's details

Company

Insured person

Surname

First name

OASI number	Insurance number	Gender
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Date of birth	Marital status
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Address

Postcode and city

Termination of employment due to retirement

<input type="checkbox"/> Ordinary retirement	on
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<input type="checkbox"/> Early retirement	on
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<input type="checkbox"/> Deferred retirement	on
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<input type="checkbox"/> Partial retirement	on	at	%
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New annual salary for the remaining degree of employment	CHF
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Is the departing person unable to work ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Member's personal details at the time of retirement

Surname

First name

OASI number _____ Insurance number _____

Confirmed marital status*

Tax address at the time of retirement Switzerland Abroad

Exact address

Postcode, city, country

Desired form of pension benefit

- Benefits paid out as a lump sum**
I would like to receive my entire savings capital as a lump sum.
- Benefits paid out as a pension**
 - I would like to receive my entire savings capital in the form of a pension.
 - I would like to receive a fixed monthly pension of CHF _____ and the rest as a lump sum.
 - I would like to receive _____ % or CHF _____ as a lump sum and the rest as a pension.

Children entitled to a pension

Please enclose copies of passports and evidence of full-time education

1 Surname and first name

OASI number 756. Date of birth _____ Gender M F

2 Surname and first name

OASI number 756. Date of birth _____ Gender M F

3 Surname and first name

OASI number 756. Date of birth _____ Gender M F

Bank details, pension

Name of the bank

Street

Postcode and city

IBAN

SWIFT/BIC (for payments abroad)

Name of the account holder

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Bank details, lump-sum capital or part lump-sum

Name of the bank

Street

Postcode and city

IBAN

SWIFT/BIC (for payments abroad)

Name of the account holder

Signatures

I hereby declare that I have read the above information and have completed the form truthfully and accurately.

Place/date

Signature

Place/date

Signature of the spouse/registered partner

* Confirmed marital status:

Unmarried persons must provide evidence of their marital status in the form of a **civil registry extract**.
The document may not be older than six months.

Notarisation

For **lump-sum payments exceeding CHF 10,000.00**, we require the certified **approval** of the spouse or partner in the case of **married persons** or persons living in a **registered partnership**.

The notarisation must be made using this form and can be obtained from the commune where you are resident or from a different commune.

All other persons must submit a current certificate of marital status.

Place/date

Signature of the witness/notary

ID papers presented: