

Notification of retirement

Company	Contract no.
Personal details of insured person	
Surname	First name
Date of birth	Social insurance no. 756.
Street/no.	Post code/city
Marital status □ Single □ Cohabiting □ Divorced □ Wic	lowed □ Married □ Registered partnership
Date of marriage, registration of partnership or divorce	
Spouse's details	
Surname	First name
Date of birth	
Information on retirement	
Retirement as per	
You are claiming - a monthly retirement pension - a capitalised retirement pension (single payment) - a monthly retirement pension and a partial capitalisation thereof	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No CHF or as %
Bank details for transfer of the retirement pension	
Name of bank	Address of bank
Bank/PO account	Clearing no.
IBAN no.	SWIFT/BIC
Account holder	

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IBAN no.	SWIFT/BIC
Account holder	
Notes/comments	
Place, date	Signature of retiree
	*Signature of spouse/registered partner
Place, date	*Signature of witness/notary
* The notarised signature of the spouse/registered partner is only necessary if all or part of the retirement benefits are to be withdrawn.	
In the case of lump-sum payments, we require single persons and current certificate of civil status. This can be obtained from your re	
Swisscanto Flex Collective Foundation of the Cantonal Banks Office P.O. Box 8152 Glattbrugg	

Bank details for transfer of the retirement capital