swisscanto

Swisscanto
Flex Collective Foundation

Notification of retirement

Company _____

Personal details of insured person

Surname _____ First name _____

Date of birth _____ Social insurance no. 756. _____

Street/no. _____ Post code/city _____

Phone _____ Email _____

Marital status ☐ Single ☐ Divorced ☐ Widowed ☐ Married ☐ Registered partnership

Date of marriage, registration of partnership or divorce _____

The claim to child's pensions applies for children of recipients of retirement pensions up to the age of 18, or at the latest up to the age of 25 if the child is still in education.

Personal data of the eligible children

Surname	First name	Date of birth

* If your child is younger than 25 and pursuing their basic training, please enclose a current certificate of training.

Personal data of spouse/registered partner/life partner*

Surname	First name	Date of birth

* If you have a life partner who should be appointed as a beneficiary upon your death, please use the "Notification of a life partnership" form to register your life partner with us. You can find the form at www.swisscanto-flex.ch.

Details of retirement/semi-retirement

☐ Full retirement as per
☐ Semi-retirement as per*

You are claiming
☐ a monthly retirement pension
☐ the full retirement capital (once-off lump-sum payment)
☐ monthly retirement pension, part of the capital as a once-off lump-sum payment CHF or in %_____

* In the event of semi-retirement, your employer will notify us directly of your new annual salary and percentage of working hours. The percentage of the drawn retirement benefit may not exceed the percentage of the salary reduction.

Bank details for transfer of retirement pension

Name of bank _____ Address of bank _____

Bank/post office account _____ Clearing no. _____

IBAN _____ SWIFT/BIC _____

Account holder _____

Bank details for transfer of retirement lump-sum (if different)

Name of bank _____ Address of bank _____

Bank/post office account _____ Clearing no. _____

IBAN _____ SWIFT/BIC _____

Account holder _____

Comments/remarks

_____

_____

_____

Place, date

Signature of the insured person

Signature of the spouse/registered partner/life partner*

Place, date

Signature of the certifying person*

* The certified signature of the spouse/registered partner/life partner (pursuant to Art. 23 of the pension fund regulations) is only required if part or all of the retirement benefit is drawn in lump-sum form. Certification must be done on this form and may not be older than three months. The certification of the signature can be obtained from the municipality of residence or a notary public.

Single, divorced or widowed insured persons must submit an up-to-date certificate of marital status that is not older than three months for lump-sum payments. This can be obtained from the competent registry office.

Swisscanto Flex Collective Foundation of the Cantonal Banks
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Reset form Print form