

## Payment details of pension capital

### Person details of insured

Last name

First name

AVS N°  .  .  .  Date of birth  /  /

E-mail  Telephone

Civil status  single  married  divorced  widow(er)  
 registered partnership  dissolved partnership



#### Appendices

Please enclose copy of an identity document, as well as, for unmarried / not bound by a registered partnership, a certificate of civil status to be requested from the commune of origin.

### I certify that (answer mandatory)

- I intend to leave Switzerland or shall no longer reside in Switzerland  
 I note that a withholding tax will be deducted from the retirement capital.

#### Address abroad

Street

Post code, City

Country

- I do not intend to leave Switzerland.  
 I note that the amount of the benefit as a capital sum shall be declared in writing to the contributions administration.

### Payment details

(Please attach a payment slip or bank statement)

IBAN

Currency  CHF  EUR

Bank / Post

Post code, City

Account holder

### Signatures



The signature of the partner is mandatory for persons who are married, bound by a registered partnership or separated.  
It must be authenticated by a notary or by an official body.

Signature of the spouse / registered partner

Authentication - Seal and signature

I declare that all the information provided above is in conformity with the truth.

Date

Place

Signature of the insured