

Pension

Person details of insured

Last name

First name

AVS N° . . . Date of birth / /

E-mail Telephone

Address

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

Gender male female

Partner

If married or bound by a registered partnership, date of marriage / partnership / /

First name of spouse / partner Date of birth / /

If divorced or partnership dissolved, date of divorce / dissolution / /

Children (if under 25 years of age)

First name Date of birth / /

/ /

/ /

Payment details

(Please attach a payment slip or bank statement)

IBAN

Currency CHF

Bank / Post

Post code, City

Account holder

Pension

Mandatory documents to be enclosed

- photocopy of an identity document
- certificate of studies or apprenticeship for the above-mentioned of over 18 years of age

Signature

I authorise the post office or bank to return to the Fondation Collective Open Pension wrongly paid benefits and, when the entry has already been made, to place the amount to the debit of my account.

I have duly observed the notification to the federal contributions administration of the paid benefit.

Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Place	<input type="text"/>				
	<input type="text"/>				

Signature of the insured