

## Pension

### Person details of insured

Last name			
First name			
AVS N°	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
E-mail	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
Civil status	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> divorced
	<input type="checkbox"/> registered partnership	<input type="checkbox"/> dissolved partnership	<input type="checkbox"/> widow(er)
Gender	<input type="checkbox"/> male	<input type="checkbox"/> female	

### Partner

If married or bound by a registered partnership, date of marriage / partnership	<input type="text"/> / <input type="text"/> / <input type="text"/>
First name of spouse / partner	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
If divorced or partnership dissolved, date of divorce / dissolution	<input type="text"/> / <input type="text"/> / <input type="text"/>

### Children (if under 25 years of age)

First name	Date of birth
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

### Payment details

(Please attach a payment slip or bank statement)

IBAN	<input type="text"/>
Currency	<input checked="" type="checkbox"/> CHF <input type="checkbox"/>
Bank / Post	<input type="text"/>
Post code, City	<input type="text"/>
Account holder	<input type="text"/>

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### 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 Opsion 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