

Application for Lump-Sum Payment of Survival Benefit

according to Art. 37., Para. 4 LOB

Employer**Contract no.**

Insured person

 Mr Ms (for women also name before marriage)

Surname

First name

Street

Postcode, Place

Marital status

Insured no.

Date of birth

The insured person hereby applies for the lump-sum payment of retirement payments on reaching pension age.
The insured person acknowledges that with the lump-sum payment, all regulatory claims are relinquished.

Have you purchased any additional contribution years in the past three years?

 Yes No

Date

Amount

From which pension fund?

Banking details

Please enclose a payment slip.

Bank / Post

Postcode, Place

Account no.

IBAN

Signatures

Married insured persons; for the lump-sum payment, official notarisation of the signatures of the departing person and of the spouse are absolutely necessary.

Place, Date

Signature of the departing person

I agree to the cash payment

Signature of the spouse

Official certification of both signatures for the cash payment of the vested benefits

(Justice of the peace, notary public or municipality of residence)