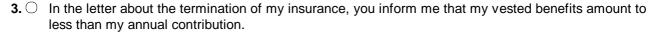


Request for cash payment of vested benefits

Perso	onal data				
Full name:		Dossier no:			
Date of birth:		AVS no:			
Marital status:		Nationality(ies):			
Street	t:				
ZIP, c	sity:	Country:			
Phone	e no:	Private email:			
	ntary purchase ou purchase benefits with a pension fund in t	he last three years?	○no	○yes	
Cash	payment				
I apply	for cash payment of my vested benefits for the	e following reason (only one choice pos	sible):		
1.0	 I am leaving Switzerland definitely or I do not reside in Switzerland. Please provide: for persons living in Switzerland: a certificate of departure dated less than 90 days ago issued b the resident's registration office. for cross-border workers: a certificate attesting cancellation of the cross-border working permit of a copy of the cancelled permit. 				
2. 🔾	longer subject to a mandatory occupational benefit scheme.				
	Please provide a copy of the certificate from the AVS compensation fund dated less than 90 days ago.				
	Indicate the activity(ies) pursued (if several, indicate all mentioning the employment level of each): Activity pursued:				
	Activity pursued:%				
	Activity pursued:				



Please provide a copy of a valid official identity document with a photography.



Payment information

person. By signing this form, the insured owned by a third party.	person certifies that the financial account indicated below is not
, ,	
ZIP, city:	Country:
Notes for foreign payments - please provide a bank account identity - unless you indicate otherwise, the payn	(RIB) with IBAN and SWIFT numbers nent will be made in the currency of the country of destination.
Taxation	
Country of current residence: If you are domiciled in Switzerland, do you no yes, departure date: Foreign address: Street:	intend to settle in another country soon?
	Country:
For people domiciled in Switzerland: I	take note that any lump sum payment above CHF 5'000.00 will Retraites Populaires, in accordance with the provisions of the
withheld at source on the lump sum payr rate, I confirm that my personnal situation	ed, taxed separately or bringing up a minor child who is in an
In some cases, the tax refund can be clair given to you together with the certificate or	med within three years. An official refund application form will be oncerning the withholding tax.
Signatures	
take care personally of my pension provis	ovided above is accurate and true and I take note that I have to ion using the amount, if any, received for this purpose. Retraites sh payment of the vested benefits if the form is duly completed
Place and date	Signature of the insured person
	nowledge of the consequences of a cash payment of the vested ner and gives his/her consent to the payment.
Place and date	Signature of the spouse / registered partner

The benefit in the form of a lump sum must be transferred to a financial account owned by the insured

For people being married, separated or bound by a registered partnership, the signatures of the insured person and of his/her spouse/registered partner must be legalised by a notary. Persons concerned may also have their signatures verified free of charge at our reception desk or agencies bringing with them a valid proof of identity.

For unmarried persons who are not bound by a registered partnership (single, divorced, dissolved partnership or widowed), please include a certificate of marital status, less than 90 days old, to be requested from the competent Civil Registry Office.

This form can be returned to us via your Espace personnel. If the legalisation of signatures is necessary, this must be done before sending the form.