

Retirement / deferment Form of vested benefits policy RP Arc-en-ciel

Full name: Policy no: Date of birth: AVS no: Marital status: Nationality(ies): Street: ZIP, city: Country: Phone no: Private email: Choice of deferment (A) or retirement (B) A. O Deferment (postponing the payment date of annuity/lump sum) until the age of* *no later than 5 years after the legal retirement age. Place and date Signature of the insured who requests the deferment В. Retirement on with the following benefit (only one choice possible) This choice is a definitive and irrevocable decision as from the beginning of the entitlement to benefits. This form must reach Retraites Populaires before the retirement date. O Entirely in form of annuity => complete figure 1 O Entirely in form of lump sum => complete figure 2 O Combined in the form of annuity and lump sum => complete figures 1 and 2 and the following data: CHF a. amount of lump sum desired: The balance is paid in the form of annuity. b. amount of annual annuity desired: CHF The balance is paid in the form of lump sum. 1. Information to be filled out for payment of an annuity Payment details IBAN no: Name of financial institution: ZIP, city: _____ Country: Full name of the account holder: Notes for foreign payments: - please provide a bank account identity (RIB) with IBAN and SWIFT numbers - unless you indicate otherwise, the payment will be made in the currency of the country of destination. Payment frequency for the annuity (payable at the end of each month/quarter/half-year/year):



O monthly

O yearly

O half-yearly

O quaterly

The payment of the first annuity is made at the end of the first month following retirement.

	At the tim	e of my	death I wish the ann	uity to be paid	d to my surviving	g spouse/cohabi	ting partner:
(Ono Oy	es .	If yes, I wish my su annuity in the follow O 40 % O 60 %	ingproportion	n to my retireme	nt annuity:	, after my death, an
I	Informatio	on conce	rning the surviving s				
	Full name	e:				Date of birth	
			amount of the retire				
			the cohabiting pares, the conditions are				ve available on our
Tax	cation						
	Country o If you are O no	of current domicile	residence: d in Switzerland, do	you intend to	settle abroad w	hen you retire?	
(O yes,	departure Address	date :abroad:				
		Street:					
1	will be de the Feder For pers e	clared to al Law or ons dom	the tax authorities to Withholding Tax or inciled abroad or in	hrough Retra f October 13, tending to s	ites Populaires, 1965. settle abroad at	the time of ret	above CHF 500.00, with the provisions of irement: I take note
	that withh sent to m			vied on my a	nnuities. If appro	opriate, additiona	al information will be
Sig	nature						
	residenc	e permit able to p	or passport is ne	cessary for	processing the	e dossier . Retr	valid identity card, aites Populaires will sted documents are
	I take not	e that my	choice is a definitiv	e and irrevoo	cable decision.		
-	Place and	d date			Signature of the	insured person	



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2.			out for the payment of the lump s Iry purchase with a pension fund wit		
		three years?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	○ yes	○ no
Pa	ayment d	etails			
	person.		ump sum benefit to be paid to a sorm, the insured person certifies the		
	IBAN no): 			
	Name of		on:		
	- please		ts: ccount identity (RIB) with IBAN and rwise, the payment will be made in		ountry of destination.
Ta	axation				
	Country If you ar	of current resider e domiciled in Sw	nce: vitzerland, do you intend to settle ab	proad when you retire	?
	○ no○ yes,	departure date: Address abroad			
		Street:			
			(
	CHF 5'0	00.00, will be ded	d in Switzerland: I take note to clared to the tax authorities through eral Law on Withholding Tax of Octoberal Law of Octoberal Law on Withholding Tax of Octoberal Law on Wi	h Retraites Populaire	
	that with		abroad or intending to settle abrelevied on the lump sum benefit. is as follows:		
		e person (single, enticeship or study	widowed, divorced, taxed separatel ying)	ly or bringing up a m	inor child who is in an
	○ marri	ied person living i	n the same household.		
			s can be claimed within three years. As with the certificate of tax at source.	An official application	form for reimbursement

•		~ "	•			rn	•
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_		J.				re	_

I hereby certify t	that all info	rmation	orovide	d above	corre	spond	s to	the t	ruth. I have	taken	not	e that the
lump sum paym	ent reduces	s the anr	uity in p	oroportio	n to t	he am	our	nt paid	d. Retraites	Popul	aires	s will only
be able to pay	the lump	sum up	on retir	ement i	f the	form	is	duly	completed	and t	he r	equested
documents are p	orovided.											

I have taken note that the choice made is a definitive and irrevocable decision.						
Place and date	Signature of the insured person*					
The spouse/registered partner has taken note of case of death or divorce) of paying the amount in	the consequences (reduction/withdrawal of benefits in ndicated on this form and gives his/her consent.					
Place and date	Signature of the spouse/registered partner*					

* Depending on your personal situation, various documents must be attached to this form to prove your marital status and, if applicable, the consent of your spouse/registered partner. You will find all the information you need in the enclosed notice.



Marital status and consent of spouse/registered partner

In case of cash payment, withdrawal/pledging for encouragement of home ownership or the lump sum payment of benefits, Retraites Populaires must check the insured person's marital status or the consent of his/her spouse or registered partner.

The documents to be provided and the steps to be taken by the insured according to his/her personal situation are defined below.

For unmarried insured persons

Unmarried persons and who are not bound by a registered partnership (single, divorced, dissolved partnership or widowed) must provide us with a certificate of marital status less than 90 days old.

This document can be ordered from the competent civil registry office.

For insured persons who are married or bound by a registered partnership

Persons who are married, separated or bound by a registered partnership must have their handwritten signature (holograph) legalised, as well as that of their spouse/partner.

Legalisation procedure in Switzerland

Official

Only a legalisation performed by a notary is permitted. To have their signatures legalised, the insured person and his/her spouse/partner must present themselves in person before a **notary**, bringing with them a valid proof of identity.

The legalisation of a signature is billed by the notary on the basis of the applicable rate.

Simplified

It is also possible for the insured person and his/her spouse/partner to have the signatures legalised free of charge by going personally to one of our receptions with a valid identity document.

Legalisation procedure abroad

By apostil

If legalisation cannot be performed in Switzerland or by video (see below), the request form for cash payment, withdrawal, pledging, or the form for confirming the choice of the lump-sum payment of benefits must be accompanied by a certified copy of the proofs of identity of the insured person and his/her spouse/partner.

The copy must be authenticated by an apostil. The website of the Hague Conference on Private International Law (www.hcch.net) provides additional information on apostils.

Legalisation procedure in Switzerland or abroad

By video exchange The insured person and his/her spouse/partner can also have their signatures verified free of charge by video exchange with the file case manager. Please contact us if you are interested.