

# Request for retirement benefits



CIEPP  
Caisse Inter-Entreprises  
de Prévoyance Professionnelle  
ZKBV - Zwischenbetriebliche Kasse für Berufliche Vorsorge  
CIPP - Cassa Interaziendale di Previdenza Professionale

## PERSONAL DATA OF THE INSURED PERSON

Name and first name:	Civil status:
AVS no.: 756.	Date of birth (dd/mm/year):
Pending divorce proceedings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Telephone:	E-mail:
Full address:	
Name of current employer:	
Do you have children aged under 18, or under 25 who are studying or apprenticed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently unable to work (illness or accident)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## FULL RETIREMENT

I wish, as from \_\_\_\_\_ (tick and complete as appropriate):

☐ to receive my benefit as an annuity

☐ to receive my benefit in the form of principal\*

☐ to receive my benefit in mixed form (principal/annuity)\*:

CHF \_\_\_\_\_ as principal, the balance to be converted into a life annuity

or \_\_\_\_\_ % of my retirement assets in the form of principal, the balance to be converted into a life annuity

☐ receive a temporary additional retirement pension until the statutory reference age, of CHF \_\_\_\_\_ / month (in the case of full or early retirement only)

**For payments in the form of principal or mixed (principal/annuity):**

Have you made a buy in with another pension fund within the last 3 years? ☐ Yes ☐ No

\* I take note of the fact that on the amount paid in capital all regulatory rights are terminated, including that of benefits in favour of survivors and children of pensioners

**I take note that the choice of the form of benefit is irrevocable**

## PARTIAL RETIREMENT

Stages: 1<sup>st</sup> stage ☐ 2<sup>nd</sup> stage ☐ 3<sup>rd</sup> stage ☐

Annual salary before partial retirement CHF \_\_\_\_\_ and after partial retirement CHF \_\_\_\_\_  
(employer announcement required)

I wish, as from \_\_\_\_\_ (tick and complete as appropriate):

☐ to receive in the form of annuity the amount of CHF \_\_\_\_\_ converted into annuity or \_\_\_\_\_ % of my retirement assets in the form of annuity

☐ to receive in the form of principal the amount of CHF \_\_\_\_\_ or \_\_\_\_\_ % of my retirement assets in the form of principal

☐ to receive my benefit in mixed form principal/annuity)\*:

CHF \_\_\_\_\_ as principal, the balance to be converted into a life annuity

or \_\_\_\_\_ % of my retirement assets in the form of principal, the balance to be converted into a life annuity

Have you received a retirement benefit in the form of principal from another pension fund? ☐ Yes ☐ No If yes, date: \_\_\_\_\_

**For payments in the form of principal or mixed (principal/annuity):**

Have you made a buy in with another pension fund within the last 3 years? ☐ Yes ☐ No

\* I take note of the fact that on the amount paid in capital all regulatory rights are terminated, including that of benefits in favour of survivors and children of pensioners

**I take note that the choice of the form of benefit is irrevocable**

**It should be noted that:**

- the partial retirement benefit received before the statutory reference age may not exceed the reduction in salary
- the first payment of the partial retirement benefit must represent at least 20% of the retirement benefits
- the total of the retirement benefit must be taken when the annual salary paid is no longer subject

### Offices

Bulle	Rue Condémine 56	T 026 919 87 40
Fribourg	Rue de l'Hôpital 15	T 026 552 66 90
Neuchâtel	Av. du 1 <sup>er</sup> -Mars 18	T 032 727 37 00
Porrentruy	Ch. de la Perche 2	T 032 465 15 80

Administrative headquarters of the pension fund  
Rue de Saint-Jean 67 – PO Box – 1211 Geneva 3  
T 058 715 31 11 – ciepp@fer-ge.ch – www.ciepp.ch

# Request for retirement benefits



**CIEPP**  
Caisse Inter-Entreprises  
de Prévoyance Professionnelle  
ZKBV - Zwischenbetriebliche Kasse für Berufliche Vorsorge  
CIPP - Cassa Interaziendale di Previdenza Professionale

## DEFERRED RETIREMENT / MAINTENANCE AFTER THE REFERENCE AGE

**I wish to** (tick and complete as appropriate):

- ☐ defer payment of my retirement benefit without maintaining liability and as long as the working relationship or exercise of the lucrative activity lasts, but for a maximum of 5 years
- ☐ maintain my liability for occupational pension benefits beyond the reference age (partial retirement is possible). Note that a letter indicating the annual salary to be taken into account for the maintenance of contributions, signed by the employer and the insured person, must be sent to the Fund

## ATTESTATION OF DOMICILE

**I attest that:**

- ☐ I intend to leave Switzerland before the payment date of the benefit, or I do not live in Switzerland – I take note that withholding tax will be applied on the retirement capital/Address abroad: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ I do not intend to leave Switzerland – I take note that the amount of the benefit paid in capital or pension will be declared to the Federal Tax Administration

## PAYMENT DETAILS

**For payments abroad, please enclose a Bank Account Statement with the full address of the bank**

Name of the account holder: \_\_\_\_\_

Full name and address of the Bank: \_\_\_\_\_

Account n° (IBAN): \_\_\_\_\_

Bank clearing / Swift: \_\_\_\_\_

Place and date: \_\_\_\_\_

Signature of the insured person: \_\_\_\_\_

**Certified\*** signature of the spouse  
or registered partner (LPart): \_\_\_\_\_

\* The certified signature of the spouse or registered partner (LPart) is required for lump-sum payments if you are married, separated, a registered partner (LPart), or in the process of getting a divorce or legally dissolving a registered partnership (LPart). To do so, you can either make an appointment with us (with original identity papers, passport or valid identity card, and the family record book or family certificate) or return the application signed by the spouse or registered partner (LPart) and certified before a registrar or notary.

**In signing, the spouse/partner certifies that he/she has read und understood the information given on pages 1 and 2 of the present request for retirement benefits**

*Box reserved for the certification of  
the signature by the competent authority*

## Documents that must be attached to the application:

- A copy of the identity documents of the insured (passport or valid identity card) and the spouse or registered partner (LPart)
- A copy of the family record book or family certificate (for married or LPart insured persons)
- For payments in the form of principal, an individual civil status certificate less than one month old on the date of payment (for single, divorced or widowed persons)
- For payments in the form of an annuity, a certificate of study or apprenticeship for children aged between 18 and 25
- For payments abroad provide full bank account identification details

The Benefits Department is at your disposal for any further information: Direct line 058 715 33 37 - Counter: 8.30 a.m. - 12.00 a.m. / 1.30 p.m. - 5.00 p.m. (4.00 p.m. Friday)

### Offices

Bulle	Rue Condémine 56	T 026 919 87 40
Fribourg	Rue de l'Hôpital 15	T 026 552 66 90
Neuchâtel	Av. du 1 <sup>er</sup> -Mars 18	T 032 727 37 00
Porrentruy	Ch. de la Perche 2	T 032 465 15 80

### Administrative headquarters of the pension fund

Rue de Saint-Jean 67 – PO Box – 1211 Geneva 3  
T 058 715 31 11 – ciepp@fer-ge.ch – www.ciepp.ch