Retirement form

Insured persor	1			
First name		Date of birth		
Last name		AHV/AVS no.		
Address		Marital status		
Postcode/town		Tel.		
E-mail		Mobile no		
Retirement as per		Degree of partial retirement%		
Spouse/partne	r			
First name			Last name	
Date of birth		AHV no	AHV no	
Children				
First name		Last name		
Date of birth		AHV no	AHV no	
First name		Last name	Last name	
Date of birth		AHV no		
	latest version of the regulations for ease enclose birth certificate and		-	
General				
I am currently for the second I plan to relocate	•	☐ Yes ☐ No ☐ Ye	o es, on (date)	
New address				

Pension Fund Hewlett-Packard Plus

Payment of benefits	
☐ Retirement pension	
☐ Lump-sum payment	
□ Partly as lump sum of CHF	, rest as pension
Payment instructions	
Payment instructions, pension	
Bank	Postcode/town
IBAN no.	SWIFT/BIC
Payment instructions, lump-sum capital or par	t lump-sum
Bank	Postcode/town
IBAN no	SWIFT/BIC
International payments may entail fees and excha recipient.	nge rate losses which shall be charged to the
Documents required for a lump-sum payment	
In the case whereby the pension capital has been submitted.	pledged, the pledgee's written approval has to be
Unmarried persons: enclose proof of marital status	,
Married persons and those in officially registered p	partnerships: consent to cash payment
Place/date	Signature of spouse/partner
Place/date	Official notarisation of signature (by a notary or residents' registration office)
Confirmation of accuracy	
I have read the information contained in the leafler is true and accurate.	t. I confirm that the information provided on this form
Place/date	Signature of insured person

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