



REQUEST TO WITHDRAW VESTED BENEFITS

This form is used to obtain the information necessary for all or part of the funds from your Rentes Genevoises vested benefits policy to be paid out in cash, in accordance with articles 3 et seq. of the Federal Act on the Vesting of Occupational Old Age, Survivors' and Invalidity Benefits (Loi fédérale sur le libre passage dans la prévoyance professionnelle vieillesse, survivants et invalidité). It should be completed and signed by the policyholder.

1. Policyholder details

Policy n° :

Last name and first name :

Date of birth : OASI (AHV/AVS) n° :
(dd.mm.yyyy)

Marital status : Since :

Address :

Postcode : Town/City :

Country : Phone number :

Email address :

2. Reason for requesting cash payment

I'm leaving Switzerland for good or I am not resident in Switzerland

Please enclose the original certificate of departure issued by the cantonal immigration office stating the date of your departure, or an original proof of residence issued by the competent authorities at your new place of residence abroad certifying that you are a permanent resident, or a copy of your last tax return.

I confirm that I have read and understood [the bilateral agreements in the context of a permanent departure](#).

I have become self-employed in Switzerland within the last year and am therefore no longer required to belong to an occupational pension scheme

Please enclose an original certificate (no more than 1 month old) issued by the Central Compensation Office (caisse de compensation AVS) confirming your self-employed status.

If you are resident abroad, please enclose proof of residence confirming your status as a permanent resident.

I understand that Rentes Genevoises will declare in writing to the Swiss Federal Tax Administration (Administration fédérale des contributions) the lump-sum benefit due from Rentes Genevoises.

Self-employed persons may only request cash payment of their vested benefits once they take up self-employment, or more precisely, during the first year of their self-employed activity.



I can request a refund of the tax paid within three years (an official form must be completed).

I confirm that I have not made any pension fund buy-ins from a pension scheme in the last three years.

Place : Date :

Signature of notary or state official :

The spouse/civil partner acknowledges the consequences of cash payment of the benefit of his/her spouse/civil partner and agrees to this payment.

Place : Date :

Signature of insured party :

Signature of spouse or civil partner* :

After the cash payment, I would like to be contacted by an advisor **yes** **no**

* Please enclose:

- A copy of your valid official identity document bearing photo and legible signature
- If you are married, the identity document of your spouse is also required
- For persons who are single, divorced or widowed, a recent certificate of marital status is required (no older than 1 month). This should be requested from the competent civil registry office
- For persons who are married, separated or in a civil partnership, a copy of the family record book, marriage certificate or civil partnership contract is required
- Original insurance policy or original vested benefits certificate

Please note: The documents must be in English, French, German or Italian.

Please note that the accrued capital is transferred with interest and the non-contractual annual bonus according to the insurer's results. Administration fees of CHF 500.- are deducted from this amount if you leave Switzerland for good or if you have become self-employed. There are no administration fees if you receive a full disability pension or if you have reached retirement age.