

## Bayer Pension Fund

Withdrawal of pension fund capital upon retirement

### Personal data of the insured person

Last name	<input type="text"/>
First name	<input type="text"/>
Address	<input type="text"/>
Country, postal code, city	<input type="text"/>
OAI number	<input type="text"/>
Date of birth / Marital status	<input type="text"/>
Retirement on	<input type="text"/>

### Choice of the type of retirement benefits

I hereby declare that, upon retirement, I would like to withdraw my retirement benefits as follows:

- ☐  CHF or % as a pension
- ☐  CHF or % as a lump sum
- ☐ I apply for a bridging pension of  CHF per year (maximum in the amount of the current AHV retirement pension)

In accordance with the pension fund regulations Art. 32, an insuree may use a portion of their retirement savings to finance a bridging pension until their AHV pension becomes due.

I acknowledge that, in case of a capital payment, any claim against the pension fund expires. The retirement benefits resulting from additionally purchased contribution years can only be withdrawn in the form of a pension during the three years following such a purchase.

- ☐ I have children who are under 20/25 years old and are entitled to a child's pension in accordance with Art. 30 of the pension fund regulations. (Please enclose a current confirmation of education if your child is already over the age of 20).

This application for a capital payment upon retirement must be received by the pension fund at least 3 months before retirement.

### Bank details

Bank	<input type="text"/>
Postal code, city	<input type="text"/>
Bank account / clearing no.	<input type="text"/>
IBAN, BIC	<input type="text"/>
Post account no.	<input type="text"/>

### Signature

Place, date:  Place, date:

Insured person's signature

Spouse's / registered partner's signature

**In case of lump sum payment and/or use retirement savings for financing bridging pension: Official confirmation of the spouse's / registered partner's signature**

The signature needs to be confirmed by an official authority (residents' registration office, passport office) or a notary.

Place, date:  Signature and stamp of authorized office