Retirement

Employer

Name

Personal details of the insured person

Last name | First name

Street | Postcode/city

E-Mail | Phone number

SI number | Date of birth

☐ Retirement as of _____

Is there full capacity for work and/or earning capacity? ☐ Yes ☐ No

☐ The retirement benefit will be (partially) withdrawn as a lump sum.
Please also submit the form "Application for lump-sum settlement" to us.

☐ Additional retired person's child's pensions are to be paid (enclose documentation)

☐ I would like an AHV bridging pension until I reach retirement age.
This will be financed by the retirement assets available.

Monthly payment of CHF _____

Documents to be submitted

- Copy of the passport/ID of the insured person

Paying agent

IBAN (also applies for PC accounts) | Swift/BIC adress

Name of bank | Address of bank

For legal reasons, the payment of the pensions or lump-sum benefits can only be made to the beneficiaries. In the event of leaving Switzerland on a permanent basis, we require a copy of the confirmation of departure from your local municipality or a confirmation of residence from your new local authority.

To ensure the accuracy of the information, we reserve the right to conduct security calls to verify the data.

Signature

Place/date | Signature of the insured person

Rivora Sammelstiftung

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