## PERSONALVORSORGESTIFTUNG DER FELDSCHLÖSSCHEN-GETRÄNKEGRUPPE

## Application for payment of retirement benefit in the form of capital

Surname/First name	
Date of birth	
Marital status	
Address (Street)	
Postcode/town	
First name and date of birth of spouse/partner	
First name and date of birth of children	
	conalvorsorgestiftung der Feldschlösschen-Getränkegruppe that I wish to receive a nstead of the old age pension when I reach retirement age.
	conalvorsorgestiftung der Feldschlösschen-Getränkegruppe that I wish to receive gs as capital when I reach retirement age.
Amount / ratio	
child pensions as well as all	dge that, if I receive the full lump sum capital payment, the co-insured retiree's entitlements to survivors' pensions (spouse, civil partner and orphans' pensions) In the case of a partial capital lump sum payment, the aforementioned entitlements .
made within this period, and	y-ins may be made within three years of such payment/that no buy-in has been a that otherwise payment of the capital must be refused/entails tax consequences orgestiftung der Feldschlösschen-Getränkegruppe can in no way be made liable.
months before the entitlement f reference age (this also applies	tted to the Foundation in writing and co-signed by the spouse/partner at least two alls due, but under all circumstances no later than two months before reaching the in the case of a postponed retirement). The two-month notice period must also be stirement but may be reduced in cases where employment has been terminated by
Place/date	
Signature of insured person	
(Please enclose a copy of the id	
Signature of spouse/partner (Please enclose a copy of the i	dentity card or passport)

Date	 
Date	 

Capital payment approved: