Personalvorsorgestiftung der
Feldschlösschen-Getränkegruppe
c/o Avadis Vorsorge AG
Zollstrasse 42
Postfach
8031 Zürich

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Notification of retirement

To ensure that the retirement can be processed as requested, please return the completed and signed form no later than **two months** before the chosen retirement date.

Insured person's details

Company		
Insured person		
Surname		
First name		
OASI number	Insurance number	Gender
Date of birth	Marital status	
Address		
Postcode and city		

Termination of employment due to retirement

☐ Ordinary retirement	on	
☐ Early retirement	on	
☐ Deferred retirement	on	
☐ Partial retirement	on	at %
New annual salary for the remaining degree of employment	CHF	
Is the departing person **un**able to work?	☐ No	☐ Yes

Member's personal details at the time of retirement

Surname	
First name	
OASI number	Insurance number
Confirmed marital status*	
Tax address at the time of retirement	☐ Switzerland ☐ Abroad
Exact address	
Postcode, city, country	

Desired form of pension benefit

☐ **Benefits paid out as a lump sum**
I would like to receive my entire savings capital as a lump sum.

☐ **Benefits paid out as a pension**

- ☐ I would like to receive my entire savings capital in the form of a pension.
- ☐ I would like to receive a fixed monthly pension of CHF and the rest as a lump sum.
- ☐ I would like to receive % or CHF as a lump sum and the rest as a pension.

Children entitled to a pension

Please enclose copies of passports and evidence of full-time education

1 Surname and first name							
OASI number	756.	.	.	Date of birth	Gender	☐ M	☐ F
2 Surname and first name							
OASI number	756.	.	.	Date of birth	Gender	☐ M	☐ F
3 Surname and first name							
OASI number	756.	.	.	Date of birth	Gender	☐ M	☐ F

Bank details, pension

Name of the bank
Street
Postcode and city
IBAN
SWIFT/BIC (for payments abroad)
Name of the account holder

Bank details, lump-sum capital or part lump-sum

Name of the bank
Street
Postcode and city
IBAN
SWIFT/BIC (for payments abroad)
Name of the account holder

Signatures

I hereby declare that I have read the above information and have completed the form truthfully and accurately.

Place/date	Signature
Place/date	Signature of the spouse/registered partner

* **Confirmed marital status:**
Unmarried persons must provide evidence of their marital status in the form of a **civil registry extract**. The document may not be older than six months.

Notarisation

For **lump-sum payments exceeding CHF 10,000.00**, we require the certified **approval** of the spouse or partner in the case of **married persons** or persons living in a **registered partnership**.

The notarisation must be made using this form and can be obtained from the commune where you are resident or from a different commune.

All other persons must submit a current certificate of marital status.

Place/date	Signature of the witness/notary

ID papers presented:

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