



### Children

There are children younger than 20 at the time of retirement

Yes  No

There are children younger than 25 who are still in education at the time of retirement  
(confirmation of education required)

Yes  No

There are disabled children (disability at least 70 %) at the time of retirement

Yes  No

Surname, First name:	Date of birth:	AHV number:	in education:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Place and date

Signature of insured person

## For lump sum withdrawal, please complete in addition

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A lump sum withdrawal must be notified in good time. Please read the conditions on the last page.

I wish to receive the following share of my retirement savings as a lump sum payment:

100 % of capital     50 % of capital     25 % of capital

### Residence

Street, Number: \_\_\_\_\_ Postcode, Town: \_\_\_\_\_

is confirmed by the place of residence.

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**Place and date**

**Signature and stamp residence**

### Confirmation of civil status

single     divorced     widowed

Please provide confirmation from the Citizens' Registry Office in your place of residency or enclose a current civil status certificate, which can be obtained from your municipal office. Only official documents that have been drawn up within the last 3 months will be accepted.

The civil status of the insured person is confirmed by the Citizens' Registry Office/public office.

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**Place and date**

**Stamp and signature of Citizens' Registry Office**

### Certification of signature

married

The spouse or registered partner has to consent to a lumpsum withdrawal in writing. The undersigned spouse or registered partner hereby declares that he/she consents to the lump sum payment of the retirement capital. **The partner's/spouse's original signature must be confirmed by the Citizens' Registry Office in the place of residency or witnessed by a notary.**

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**Place and date**

**Signature of spouse or registered partner**

The partner's/spouse's signature is confirmed by the Citizens' Registry Office or witnessed by a notary.

Place and date

Stamp and signature of Citizens' Registry Office/notary

**With my signature I confirm that I have taken note of the regulations and have completed the form truthfully.**

Place and date

Signature of insured person

### For lump sum payments, please note the following:

**A lump sum payment can only be made if it was notified in good time. The application must be submitted in writing before the actual date of retirement.**

The following deadlines apply:

#### **Regular retirement:**

The application for a lump sum withdrawal must be received by GastroSocial at the latest on the last day of the month in which the insured person turns 64/65.

#### **Early retirement:**

The application for a lump sum withdrawal must be received by GastroSocial at the latest on the last day of the month preceding the required payment date.

#### **Continued insurance (deferred retirement):**

The application for a lump sum withdrawal must be received by GastroSocial at the latest on the last day of the month in which the insured person leaves the employ of the employer.

### **Important**

- For early retirement, please enclose a copy of the notice of termination of employment from your place of work.
- Once we have paid out your retirement capital or made the first pension payment, no further vested benefits can be brought into the GastroSocial Pension Fund.
- With your signature you confirm that upon early retirement you are not drawing any daily benefits from the health/accident insurance or any disability pension and also that no application with the Federal Disability Insurance is pending.