

Application for Lump-Sum Payment of Survival Benefit

according to Art. 37., Para. 4 LÖB

Employer**Contract no.****Insured Person**☐ Mr ☐ Ms (for women also name before marriage)Surname First name Street Postcode, Place Marital status E-mail private Date of birth Insured no.

The insured person hereby applies for the lump-sum payment of retirement payments on reaching pension age.
The insured person acknowledges that with the lump-sum payment, all regulatory claims are relinquished.

Have you purchased any additional contribution years in the past three years? If so, no benefits can be withdrawn from the occupational pension in the form of a lump-sum payment over the next three years (Article 79b(3) OPA).

☐ Yes ☐ No**Banking details**

Bitte enclose a payment slip.

Bank / Post Postcode, Place IBAN **Signatures**

Married insured persons; for the lump-sum payment, official notarisation of the signatures of the departing person and of the spouse are absolutely necessary.

Place, Date

Signature of the departing person

I agree to the cash payment

Signature of the spouse

Official certification of both signatures for the cash payment of the vested benefits

(Justice of the peace, notary public or municipality of residence)