

Profond Vorsorgeeinrichtung Zollstrasse 62 8005 Zürich T 058 589 89 81 Profond Institution de prévoyance Avenue de la Rasude 5 1006 Lausanne T 058 589 89 83

## Reply regarding your retirement

Retirement as of	
Employer	
Insured person Surname Street/no. SC no.	First name  Postcode/place  Marital status
Please transfer my retirement benefits	to the account in accordance with the below details
or	
☐ Details according to the enclosed p	ayment slip
Name of paying agent (bank/post offic	
Address of paying agent (bank/post of	fice)
IBAN no. / postal account	
Bank clearing number	
Long cubicat to withholding toy:	U Voc U No
I am subject to withholding tax:  □ Transfer of domicile abroad:	☐ Yes ☐ No  Date of deregistration from your municipality ☐
☐ Transfer of domicile abroad.	(Please enclose a copy of the confirmation of deregistration from your municipality)
I would like to have my retirement bene	efit paid out
□ as a monthly pension	☐ I have children who are entitled to a pensioner's child allowance (please enclose a copy of the family book)*
$\ \square$ as a one-off lump-sum payment	☐ The application is enclosed
	☐ The application has already been submitted
in the following cases:	llowance up to the age of 18. However, the entitlement shall continue until the child's 25 <sup>th</sup> birthday training (please enclose the corresponding education certificate) ne or she is at least 70% disabled
	eccordance with article 34 of the pension fund regulations, this applies both ent, which is reduced in the same proportion. In all other respects, the prodregulations apply.
In addition, we refer to the explanation	s in our information sheet "Retirement".
Place, date	Signature of the insured person
Documents Please enclose – depending of	n your instructions – the following documents:

Version 01,2022 1/1

- Application for payment of retirement benefits as a lump sum

- Copy of confirmation of deregistration from your municipality

- Copy of residency permit B, F, G, L, N