

Profond Vorsorgeeinrichtung Zollstrasse 62 8005 Zürich T 058 589 89 81 Profond Institution de prévoyance Rue des Côtes-de-Montbenon 16 1003 Lausanne T 058 589 89 81

## Application for payment of an AHV bridging pension

(Submit the application no later than three months before retirement)

Last name		First name		
Street / no.		Postcode / place	-	
Date of birth		SC no.		
Sex	☐ Male ☐ Female	Civil status		
Employer		Date of retirement		
Amount of des	sired AHV bridging pension:	CHF	per year	
Desired term of	of the AHV bridging pension:	Start End		
	ver helping to finance the AHV bridging with the Pension Plan?	□ Yes □ No		
<ul> <li>I am not cur Disability In</li> <li>If an AHV br of an actual accordance</li> <li>The AHV br of retiremer Insurance w the Pensior</li> <li>I have cons</li> <li>In all cases</li> <li>If the insure will be paid</li> </ul>	ridging pension is being drawn, the pensi rial calculation, unless the pension or lump with the actuarial principles. idging pension must not exceed the appli nt (as at 1.1.2025: CHF 30 240 p.a.). Any p vill also be included in the calculation. Arra	on or lump-sum payment will be redup-sum payment was previously financicable maximum AHV retirement pensortial disability allowance from the Swangements which differ from this must participating in the costs).  Intil the insured reaches regular retirenting in the cash value of the costs yellow pension, the cash value of the costs yellow pension, the cash value of the costs yellow pension, the cash value of the costs yellow pension.	iced on the basis ced in full in sion at the time viss Federal Disability at be specified in ment age.	
Place, date		Signature of the insured person	Signature of the insured person	

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