

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

Request for lump sum payment of retirement benefits

Last name		First name
Street/no		Postcode / place
Date of birth		SC no.
Sex	□ Female □ Male	Marital status
Employer		Contract no.
Date of retirem	ent [, , , , , , ,]	
According to the Profond Pension		at the time of my retirement, I herewith submit a request to
at the time one-time lui	•	my accrued retirement savings is paid out to me by means of a
at the time one-time lu		accrued retirement savings are paid out to me by means of a
at the time of my retirement CHF of my accrued retirement savings are paid out to me by means of a one-time lump sum.		
		rawn as a lump sum shall be converted into a retirement pension regulations valid at the time of my retirement.
	dy received retirement benefits in lendar years:	n the form of a lump sum from another pension fund in the
to the pension		e with article 34 of the pension fund regulations, this applies both th is reduced in the same proportion. In all other respects, the pro- ons apply.
In addition, we	refer to the explanations in our ir	nformation sheet "Retirement".
pension in the f		nal benefits, the resulting benefits must not be drawn from the ext three years (Art. 43 (5) of the Pension Fund Regulations of
pension cover i	s terminated and any and all clair	wledges that once the cash payment has been processed, the ms to retiree's supplementary child's benefits, spouse's pensions sions vis-à-vis Profond Pension Fund are satisfied accordingly.
Art. 11 resp. Ar must provide p and attach the (available from	t. 21 of the Pension Regulations) roof of the spouse's or registered certification to the application. A the municipality where you resid	nsion Fund no later than the last day of the retirement month (see . Married persons or persons living in a registered partnership d partner's consent in the form of an officially certified signature* .ll other insured persons must attach current proof of marital status le)* to the application.
Place, date		Signature of the insured person
Place, date		Signature of the spouse/registered partner
Official certifica	ation of the signature of the spou	use/registered partner (by notary or municipality)

Version 2025-1 1/1