Fonds de Pensions Nestlé

Request for Retirement Benefits

Last name, First name | Member number

OASI/AVS number | Private e-mail

Phone number | Mobile phone number

Marital status | Date of retirement

Legal and fiscal address

Do you have full ability to work?

Yes ☐ No ☐ Please contact us if you are currently fully or partially unable to work.

Any request for withdrawal in the form of a lump sum must be submitted at least three months before the effective retirement date. Such request is irrevocable, and the withdrawal may represent up to 100% of the pension assets.

Please indicate your chosen option and specify whether you wish to receive a combined retirement benefit (pension and lump sum) ☑ :

☐ **Benefits as an annuity**

Instructions for the payment of the monthly pension

Bank name and address

IBAN number | Clearing

SWIFT/BIC | Currency (CHF, EUR, other)

☐ **Lump sum (a full lump sum payment terminates the rights to any other benefits)**

Instructions for the payment of the lump sum

Bank name and address

IBAN number | Clearing

SWIFT/BIC | Currency (CHF, EUR, other)

Required lump sum amount (CHF) :

Bridge pension

I am applying for a bridge pension:

☐ Maximum amount (CHF 30'240 per year, respectively CHF 2'520 per month)

☐ Monthly amount of CHF _____

☐ No, no bridge pension

Additional contribution / Voluntary purchase

I will make a voluntary purchase before the end of employment:

Yes ☐ No ☐

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Nestlé

Child's pension

Please indicate the children who are under age 18 or those who are still in education up to the age 25 :

Last name, First name	Date of birth
Last name, First name	Date of birth
Last name, First name	Date of birth

Legal and tax residence

I hereby certify that:

☐ I intend to leave Switzerland, or I am not domiciled in Switzerland.
I acknowledge that a withholding tax will be deducted from the lump sum.

Legal and fiscal address:

☐ I have no intention of leaving Switzerland.
I acknowledge that the amount of the lump sum benefit will be declared to the Federal Tax Administration.

Attachments

The following supporting documents must be enclosed with this form:

In all cases	☐	Copy of your ID or passport if married or registered partnership (Swiss), also provide a copy of your spouse's ID card or passport
	☐	Copy of a bank document(s) (Bank confirmation or bank card which shows account holder and account number)
Lump sum	☐	Copy of the family booklet, marriage certificate or the Swiss registered partnership contract
Child's pension	☐	Copy of the family booklet or birth certificate
	☐	Apprenticeship contract or school certificate for each child studying, between age 18 and 25
	☐	Copy of ID or passport for each child

Signatures

I declare that all the information provided above is true and accurate:

Place and date

Insured member's signature

Place and date

Spouse / Swiss registered partner's signature
(mandatory for lump sum payment)