

Application for payment of retirement benefit as a lump sum

Information about contract and insured person

Name of employer or foundation			Contract no.			
<input type="text"/>			<input type="text" value="/"/>			
Last name			First name			
<input type="text"/>			<input type="text"/>			
Street/road, no.			ZIP code, town/city etc.			
<input type="text"/>			<input type="text"/>			
Date of birth						
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Day	Month	Year				
Marital status						
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> In a registered partnership	<input type="checkbox"/> Dissolved partnership	
I request payment of the retirement benefits as a lump sum.						
<input type="checkbox"/> Total retirement savings	<input type="checkbox"/> Portion of retirement savings: in CHF or %	<input type="text"/>				

Please note the period stipulated by the rules within which you must submit the application to Zurich for the attention of the Joint Foundation.
 By signing, I confirm that I have taken note of the provisions stipulated by the regulations regarding payment of retirement benefit as a lump sum.
 Note that benefits resulting from a buy-in cannot be drawn as a lump sum within the following three years.

You have applied for a lump-sum payment. The Zurich adviser will contact you by telephone in the next few days.
 No, I do not wish to be contacted.

Confirmation by the insured person and the spouse or registered partner

Place	Date	Place	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day		Day
	Month		Month
	Year		Year
Signature of the insured person		Signature of the spouse or registered partner	
<input type="text"/>		<input type="text"/>	