

## Request for payment of retirement benefits in the form of capital

EMPLOYER					
Policy No.:					
Company name:					
MEMBER					
Last name:		First name	:		
AVS No.:		Date of bir	th: / /		
Marital status:	single married  * applies analogously to registered	registered civil pa	rtnership 🔲 div	vorced*	widowed*
Home address:					
BENEFIT PAYME	ENT OPTIONS				
the full CHF	would like my retirement benefit amount of the benefits in the form of the benefits in the form of the minimum legal retirement savings arter of the minimum legal retirement savings capital not process.	capital in the form of a irement savings capital rement savings capital	tal payment.  lump-sum capital pa , in the form of a lun  I in the form of a lur	np-sum capi	ital payment.
any other ber for three yea paid in the fo once the reg document sh  Payment of retire registered partner	n of retirement benefits paid out	hase, retirement benef payment in the form of ull or partial lump-sum member reaches retire	its resulting from a profession of the second of the secon	pension pure	chase can only be
 Me	ember's signature		ignature of spouse or		

This document is a translation of the original French document. Only the French version is authoritative.

## Please return to:

AVENA Fondation BCV 2e pilier c/o Banque Cantonale Vaudoise Case postale 300 1001 Lausanne