

Withdrawal of pension fund capital on retirement

	Capital Off Tethrefile				Contract no. /				
Employer	Name and place								
Insured person	Surname First name			Insurance number					
	Street, postal code, town				Date of birth	(Gender		
	<u>L</u>				.1	Ε] m	□ f	
	I hereby declare that, on retirement, I would like my pension fund capital as a lump sum instead retirement pension.						5% of the		
	I acknowledge that, on payment of this capital claims to pensioner's child's pensions surviving spouse's/registered partner's or page 1.		3.33.7						
	Have you purchased benefits for missing cont or early retirement during the last three years?	•	□ No	☐ Yes (pl	ease fill in belo	,			
	I acknowledge that the retirement benefits respurchases may be withdrawn only in the form the three years following their purchase.	-		I	J				
registered	Payment of the retirement pension as a lump sible only if the spouse has given his/her writt the time of retirement.								
	I hereby permit AXA to use data on my occup- benefits to advise me on Pillar 3 pensions.	ational							
	(Please cross this out if you do not wish your data to be used.)								
Signature	Date		Signature of the insured person						
Please send to	AXA								

Postfach 300 8401 Winterthur