

Bayer Pension Fund

Withdrawal of pension fund capital upon retirement

Personal data of the insured person

Last name _____

First name _____

Address _____

Country, postal code, city _____

OAI number _____

Date of birth / Marital status _____

Retirement on _____

Choice of the type of retirement benefits

The conversion rate for the retirement pension depends on the selected entitled spouse's pension.
Examples:

- Conversion rate age 65 depending on entitlement to spouse's pension 30%: 5.66%*
- Conversion rate age 65 depending on entitlement to spouse's pension 60%: 5.40%*
- Conversion rate age 65 depending on entitlement to spouse's pension 90%: 4.85%*

*Transitional provisions according to Art. 53 and 57 of the Pension Fund Regulations remain reserved.

I hereby declare that, upon retirement, I would like to withdraw my retirement benefits as follows:

- _____ CHF or % as a pension with co-insured entitlement of 30% spouse's pension
- _____ CHF or % as a pension with co-insured entitlement of 60% spouse's pension
- _____ CHF or % as a pension with co-insured entitlement of 90% spouse's pension
- _____ CHF or % as a lump sum
- I apply for a bridging pension of _____ CHF per year (maximum in the amount of the current AHV retirement pension)

In accordance with the pension fund regulations Art. 33, an insuree may use a portion of their retirement savings to finance a bridging pension until their AHV pension becomes due.

I acknowledge that, in case of a capital payment, any claim against the pension fund expires. The retirement benefits resulting from additionally purchased contribution years can only be withdrawn in the form of a pension during the three years following such a purchase.

- I have children who are under 20/25 years old and are entitled to a child's pension in accordance with Art. 31 of the pension fund regulations. Please enclose a family register. Furthermore, please enclose a current confirmation of education if one child is already over the age of 20.

This application for a capital payment upon retirement must be received by the pension fund at least 3 months before retirement.

Bank details

Bank _____

Postal code, city _____

Bank account / clearing no. _____

IBAN, BIC _____

Post account no. _____



KESSLER

Signature

Place, date: _____

Place, date: _____

Insured person's signature

Spouse's / registered partner's signature

In case of lump sum payment and/or use retirement savings for financing bridging pension: Official confirmation of the spouse's / registered partner's signature

The signature needs to be confirmed by an official authority (residents' registration office, passport office) or a notary.

Place, date: _____

Signature and stamp of
authorized office _____