

**EMPLOYER**

Company name: .....

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**MEMBER**

Last name: ..... First name: .....

AVS No.: ..... Date of birth: ..... / ..... / .....

Marital status:  single  married  registered civil partnership  divorced\*  widowed\*

\* applies analogously to registered partners

Home address: .....  
.....

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**BENEFIT PAYMENT OPTIONS**

Upon retirement, I would like my retirement benefits to be paid as follows:

- the full amount of the benefits** in the form of a lump-sum capital payment.
- ..... % **of my retirement savings capital** in the form of a lump-sum capital payment.
- CHF**....., deducted from retirement savings capital, in the form of a lump-sum capital payment.
- one-quarter of the minimum legal retirement savings capital** in the form of a lump-sum capital payment (no deadline for this option).

The portion of the retirement savings capital not paid in the form of a lump-sum capital payment shall be converted into a retirement pension.

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By signing, I acknowledge that:

- For the portion of retirement benefits paid out as a lump-sum retirement capital, the Fund is released from payment of any other benefit.
- Voluntary purchases made in the three years prior to retirement cannot be paid in the form of capital and will thus be paid as a pension.
- Once the regulatory deadline for opting for payment in the form of capital has passed, the option selected in this document shall become irrevocable.
- if a full or partial lump-sum capital payment is made in the three years following a pension purchase, the tax authorities may refuse to allow the tax deduction on the purchase, which may result in a revision of taxes and payment of the related back taxes. **The Pension Fund and its manager disclaim all liability in this regard.**

**Payment of retirement benefits in the form of a full or partial lump-sum capital payment is only possible if the spouse or registered partner gives written consent when the member reaches retirement age.**

Place and date: .....

.....  
Member's signature

.....  
Signature of spouse or registered partner

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

**PLEASE RETURN TO:**

Banque Cantonale Vaudoise  
Prévoyance professionnelle  
Case postale 300  
1001 Lausanne