

EMPLOYER

Company name:

TO BE COMPLETED BY THE EMPLOYER

Last name: AVS No. (old format):

First name: AVS No. (new format):

Date of birth (dd/mm/yyyy):/...../.....

Retirement date:/...../..... Contributory period during the year: from/...../..... to/...../.....

Reference salary paid during this period: CHF

Is/was the member fully able to work at the retirement date: yes no**Place and date:****Employer's stamp and signature:**

.....

.....

MUST BE COMPLETED BY THE MEMBERMarital status: single married in registered partnership divorced* widowed*

* also applies to registered partners

Dates of birth of children who are minors, in an apprenticeship or studying and who are financially dependent on the member:

a) / / b) / /

c) / / d) / /

Home address:

.....

Was a request for payment of retirement benefits in the form of a lump-sum capital payment (full or partial) submitted to the Pension Fund within the regulatory deadline? yes noWould you like a quarter (25%) of the minimum legal retirement savings capital in the form of a lump-sum capital payment, in accordance with Article 37.2 of the Law on Occupational Retirement, Survivors' and Disability Pension Plans (LPP)? yes no

Based on your answers to the above questions, please complete section A "Retirement pension" and/or Section B "Lump-sum capital payment."

Lump-sum payment of retirement savings diminishes, on a prorata basis, the right to a retirement pension and to pensions for retirees' children, surviving spouse and orphans. The portion of retirement savings not paid out as a lump-sum capital payment is converted into a retirement pension.

PAYMENT DETAILS (FOR PENSION AND/OR LUMP-SUM PAYMENT)

IBAN (bank or postal account):

Account holder (last name, first name):

Bank or post office:

(full name and address)

.....

.....
Place and date.....
Member's signature

A - RETIREMENT PENSION

Begin pension payments immediately

In order to receive your retirement pension, please enclose

- a certified true copy of your ID**

I hereby authorize the Pension Fund to inform the tax authorities of the amount of my retirement benefits.

The bank or post office may, at any time and without notice, return to the Fund and debit from the account any benefits paid and credited in error, even after the death of the beneficiary.

.....
Place and date

.....
Member's signature

B - LUMP-SUM PAYMENT OF RETIREMENT BENEFITS

In order to receive lump-sum payment of retirement benefits, please enclose the following documents:

- a certified true copy of the member's ID**
- a certified true copy of the ID** of the member's spouse or registered partner, where appropriate
- a recent certificate attesting to the marital status of single, divorced or widowed members, to be obtained from the appropriate marital status office

1) To be completed by individuals residing in Switzerland:

- I do not intend to leave Switzerland.
- I hereby authorize the Pension Fund to inform the tax authorities of the amount of my retirement benefits.
- Taxation of retirement savings capital will be determined on the basis of the following information:

Please tick box as applicable

For Swiss nationals:

tax domicile is in Switzerland My tax domicile is not in Switzerland

For foreign nationals:

I hold the following permit: C permit (settled foreign nationals)
- **A copy of the C permit must be submitted**
 B permit (resident foreign nationals) L permit (short-term residents)
 G (cross-border commuters) Other:

2) To be completed by individuals who have left/are leaving Switzerland permanently or who reside outside Switzerland:

Street name and number: Postal code, town:

Country: Date of departure from Switzerland:/...../.....

If I leave Switzerland or do not reside in Switzerland, the Pension Fund is required to withhold tax on my retirement savings.

I hereby confirm that the information provided in this document and the enclosures is correct. The Pension Fund may perform additional checks if it deems necessary.

If this declaration is subsequently found to be false or incorrect for any reason whatsoever and thus harms the Pension Fund, I irrevocably undertake to fully compensate the Pension Fund for any costs (particularly all legal fees and extra-judicial costs) incurred when rectifying the tax situation, i.e., payment of withholding tax.

In the event of a false or incorrect declaration, **this document represents a borrower's note** for the tax paid by the Pension Fund and all the costs incurred by the Pension Fund. The place of jurisdiction for the borrower's note is the Pension Fund's headquarters or any other jurisdiction in Switzerland or abroad, based on the undersigned's domicile at the time of the Pension Fund's request.

Where appropriate, the spouse/registered partner acknowledges the consequences arising from the payment of retirement capital and agrees to this payment.

.....
Place and date

.....
Signature of spouse/registered partner

.....
Place and date

.....
Member's signature

**A certified true copy of an ID document may be obtained by the Member and, where appropriate, by the Member's spouse/registered partner from any BCV branch or other cantonal bank free of charge or from a notary or at a post office for a fee.

Please return to:

Banque Cantonale Vaudoise
Prévoyance professionnelle
Case postale 300
1001 Lausanne