

GEMINI Sammelstiftung
c/o Avadis Vorsorge AG
Zollstrasse 42
Postfach
8031 Zürich

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Notification of retirement

To ensure that the retirement can be processed as requested, please return the completed and signed form no later than **four weeks** before the chosen retirement date.

Insured person's details

Employee benefits unit

Company

Fund type Pension fund Management scheme/supplementary fund

Insured person

Surname

First name

OASI number

Insurance number

Gender

Date of birth

Marital status

Address

Postcode and city

Termination of employment due to retirement

Ordinary retirement on

Early retirement on

Deferred retirement on

Partial retirement on at %

New annual salary for the remaining degree of employment CHF

Is the departing person **unable** to work? No Yes

Place/date

Company stamp and signature

Member's personal details at the time of retirement

Surname

First name

OASI number

Insurance number

Confirmed marital status*

Tax address at the time of retirement

Switzerland

Abroad

Exact address

Postcode, city, country

Desired form of pension benefit

Benefits paid out as a lump sum

I would like to receive my entire savings capital as a lump sum.

Benefits paid out as a pension

In deviation from the pension scheme, I would like to receive a pension with legal right to a spouse's pension equal to the retirement pension. I hereby acknowledge that the retirement pension will consequently be calculated on the basis of the lower conversion rate in accordance with Section 18.8 of and Appendix 2 to the Framework Regulations.

I would like to receive my entire savings capital in the form of a pension.

I would like to receive a fixed monthly pension of CHF _____ and the rest as a lump sum.

I would like to receive _____ % or CHF _____ as a lump sum and the rest as a pension.

Children entitled to a pension

Please enclose copies of passports and evidence of full-time education

1 Surname and first name

OASI number

756.

Date of birth

Gender

M

F

2 Surname and first name

OASI number

756.

Date of birth

Gender

M

F

3 Surname and first name

OASI number

756.

Date of birth

Gender

M

F

Bank details

Name of the bank

Street

Postcode and city

IBAN

SWIFT/BIC (for payments abroad)

Name of the account holder

Signatures

I hereby declare that I have read the above information and have completed the form truthfully and accurately.

Place/date

Signature

Place/date

Signature of the spouse/registered partner

* **Confirmed marital status:**

Unmarried persons must provide evidence of their marital status in the form of a **civil registry extract**. The document may not be older than six months.

Notarisation

For **lump-sum payments exceeding CHF 10,000.00**, we require the certified **approval** of the spouse or partner in the case of **married persons** or persons living in a **registered partnership**.

The notarisation must be made using this form and can be obtained from the commune where you are resident, from a different commune or from HR.

All other persons must submit a current certificate of marital status.

Place/date

Signature of the witness/notary

ID papers presented: