## PENSION DEMAND FORM

→ Send to CPIC at least 3 months before the due date of payment of the pension ( see below )

Complete and return by e-mail to cpic@cpic.ch or postal mail (address at the bottom) :

## IMMEDIATE PAYMENT OF A PARTIAL PENSION maintaining CPIC membership

Ordinary retirement pension	
•	Surname, name :
•	CPIC Beneficiary's number: I
•	Date of birth :
•	Civil status :
•	Nationality :
•	Address:
•	Photocopy of passport or identity card (to join)
•	Due date of payment of the pension:
•	Written declaration on his/her word of honour of his/her reduction of activity for a minimum period of a calendar year (document to download from the website)
•	Amount to be converted into a pension (one-off premium: maximum 50% of the capital / minimum 30%): EUROS /CHF
	☐ Whole capital
	Part of the capital :
•	Beneficiary's personal bank account onto which the pension as well as any balance of
	his/her capital will be paid
	Bank :
	Address:
	IBAN code:
	BIC/SWIFT code:
<u>W</u>	ith reversion
•	Surname, name of the spouse or the civil partner :
•	Date of birth :
•	Nationality:
•	Address:

Photocopy of passport or identity card (to join)