Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Finance FDF

Central Compensation Office CCO
Swiss Compensation Office SCO

Full or partial revocation of deferment of pension

Identity

Last name

_____

First name

_____

Date of birth   **OASI No.**

_____   _____

E-mail   **Phone No.**

_____   _____

If the form is completed by a representative, please provide your contact details:

_____

_____

Last name, first name, street, post code, place

Have there been any changes to your personal situation (marital status, birth/adoption of a child, change of address, etc.) since you applied for your old-age pension?

❑   yes   ❑ no

If yes, please state the changes/events below and attach the corresponding supporting documents to this form.

_____

_____

Important information

- If you have continued to work beyond the reference age, your income from professional activity up to the age of 70 may be taken into account for the calculation of your pension. Contribution periods completed during this time may also be taken into account for the calculation of your pension if you have contribution gaps up to the reference age. To do this, your income per calendar year must represent at least 40% of your average income before the reference age.

- A request for a recalculation of the old-age pension after the reference age may only be submitted once.

Please turn over

Payment of the pension

From what date would you like the pension to be paid?

Month / year: _____

          (at the earliest, the month following submission of this form)

Should the deferred percentage of the old-age pension be paid in full?

❑ yes, I would like the deferment to be cancelled in full
❑ no, I would like the deferment to be partially cancelled

If no, please state below what share or what amount of the old-age pension you would like to receive (only one choice possible):

❑ I wish to receive a share of the pension of _____ % (20% minimum, 80% maximum)

❑ I wish to receive a monthly pension of CHF _____
  (this amount is for guidance only and should be between 20% and 80% of the pension)

Date   **Signature**

_____   _____

This form must be returned **by post** to the following address:

Swiss Compensation Office
P.O. Box 3100
1211 Geneva 2
Switzerland

or **by e-mail** to: sedmaster@zas.admin.ch