



## Application for a survivors' pension for persons residing outside Switzerland

Filing date of the application

(to be completed by the competent institution)

\_\_\_\_\_

Swiss insurance number

### 1. Identity of the deceased person

1.1 Surname \_\_\_\_\_

1.2 Other names \_\_\_\_\_  
Birth names, married names or previous names

1.3 First and middle names \_\_\_\_\_

1.4 Date of birth \_\_\_\_\_ Date of death \_\_\_\_\_  
day, month, year day, month, year

1.5 Nationality(ies) \_\_\_\_\_

For Swiss nationals: Swiss citizen since \_\_\_\_\_ Place of origin \_\_\_\_\_  
day, month, year

1.6 Marital status\* at time of death: Single  Married  Divorced  Widowed

	Surname, first name(s) of the spouse	Date of birth day, month, year	Date of marriage day, month, year	Date of divorce day, month, year	Date of death day, month, year
1 <sup>st</sup> marriage	_____	_____	_____	_____	_____
2 <sup>nd</sup> marriage	_____	_____	_____	_____	_____
3 <sup>rd</sup> marriage	_____	_____	_____	_____	_____
4 <sup>th</sup> marriage	_____	_____	_____	_____	_____

**If there are any other marriages, please mention them on a separate sheet of paper and attach to this form.**

### 2. Information concerning the deceased person's children

For adopted or fostered children, please provide the official documents

In order to examine the right to a bonus for educational tasks, **all children, even if adult**, must be mentioned.

For children between the ages of 18 and 25 who are studying or doing an apprenticeship, please enclose the relevant study or apprenticeship certificates.

Surname	First and middle names	Sex F/M	Date of birth day, month, year	If applicable, date of death day, month, year	Own child	Spouse's child	Adopted child	Fostered child
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

\* On this form, marital statuses also mean the following: • marriage: same sex registered partnership, • divorce: legal dissolution of a registered partnership, • widowhood: death of a registered partner, • spouse: registered partner, • deceased spouse: deceased registered partner, • ex-spouse: ex-registered partner

**3. Information concerning the residence and gainful employment of the deceased person**

3.1 Where and for how long did **the deceased person live** in Switzerland?  
Non-Swiss nationals should indicate the type of permit: seasonal worker, frontier worker, annual resident, C permit or other

Town	from (month, year)	until (month, year)	Type of permit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3.2 Please indicate all gainful employment in Switzerland for **the deceased person**:

Employer and profession	Town	from (month, year)	until (month, year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3.3 Had the deceased person worked / contributed in an EU or EFTA Member State other than Switzerland? yes  no   
*If yes, please submit the duly completed E 207 form with your application*

Swiss insurance number
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**4. Identity of the applicant**

4.1 Surname \_\_\_\_\_

4.2 Other names \_\_\_\_\_  
Birth names, married names or previous names

4.3 First and middle names \_\_\_\_\_ Date of birth \_\_\_\_\_  
day, month, year

4.4 Nationality(ies) \_\_\_\_\_

For Swiss nationals: Swiss citizen since \_\_\_\_\_ Place of origin \_\_\_\_\_  
day, month, year

4.5 Date of marriage \_\_\_\_\_ Date of divorce \_\_\_\_\_  
day, month, year day, month, year

4.6 Home address \_\_\_\_\_  
\_\_\_\_\_

Post code \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_

4.7 Correspondence address \_\_\_\_\_  
(if different to the home address) \_\_\_\_\_

Post code \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_

4.8 E-Mail address \_\_\_\_\_ Telephone number \_\_\_\_\_

- 4.9 Relationship to the deceased:  Spouse → go to point 5  
 Ex-spouse → go to point 5  
 Child → go to point 6

**5. To be completed by the widow / widower (spouse or ex-spouse of the deceased person)**

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5.1 Have you been married more than once?    yes     no   
If yes: 1<sup>st</sup> marriage: from \_\_\_\_\_ until \_\_\_\_\_    2<sup>nd</sup> marriage: from \_\_\_\_\_ until \_\_\_\_\_  
          3<sup>rd</sup> marriage: from \_\_\_\_\_ until \_\_\_\_\_    4<sup>th</sup> marriage: from \_\_\_\_\_ until \_\_\_\_\_

5.2 Do you have any other children than those mentioned at point 2?    yes     no   
If yes, please indicate surnames, first names and dates of birth: \_\_\_\_\_  
\_\_\_\_\_

5.3 If you have never had your own children, have you lived in the same household with one or more children of your deceased spouse?    yes     no   
If yes, please indicate surnames, first names and dates of birth: \_\_\_\_\_  
\_\_\_\_\_

5.4 Have you ever **lived** in Switzerland during your marriage to the deceased?

yes     no : if yes, please complete the following section

Non-Swiss nationals should indicate the type of permit: seasonal worker, frontier worker, annual resident, C permit or other

Town	from (month, year)	until (month, year)	Type of permit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**6. Payment address**

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Name of the bank / post office \_\_\_\_\_

Address of the bank / post office (street and number)  
\_\_\_\_\_  
\_\_\_\_\_

Post code \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_

Bank code (Clearing/SWIFT/BIC)<sup>1)</sup> \_\_\_\_\_

<sup>1)</sup> Australia: BSB Number / Canada: Transit Number / USA: ABA code

IBAN of your personal account number (International Bank Account Number): \_\_\_\_\_

**7. Additional questions**

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7.1 Was the death caused by an accident?    yes     no

7.2 Was the death caused by a third party?    yes     no

7.3 Have you requested benefits from a Swiss insurance scheme in case of an accident?    yes     no   
(Suva, military insurance, etc.)

If yes, please indicate the name and address of the insurance or agency:  
\_\_\_\_\_

7.4 Has an application for OASI/DI benefits already been made in favour of:

- the deceased person?    yes     no
- the widow / widower?    yes     no
- children/orphans?    yes     no

## 8. Signature

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The undersigned certifies that all the information given in this declaration is true and complete. All benefits paid on the basis of false information or declarations must be repaid. By signing the present form, the survivor or his/her representative, authorizes all relevant persons and institutions (doctors, lawyers, insurance providers, etc.) to provide the responsible compensation office with the necessary information to assert their right to approach a liable third-party, against whom the survivor can make a claim for compensation and interest in arrears following any damages incurred.

Place and date

Signature of the applicant or of his/her legal representative

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If the applicant is under supervision, please indicate the name and address of their guardian:

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## 9. Power of attorney (optional)

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The applicant gives power of attorney to:

Surname, first name \_\_\_\_\_

Address \_\_\_\_\_

to represent him/her, act on his/her behalf and to receive all decisions and documents:

- only for this application  
 until further notice

Date

Signature  
of the applicant

Signature  
of the representative  
Join copy of ID

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## 10. Documents to send with the application (copies)

***Please put a cross in the boxes corresponding to the documents you have attached to this form***

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*Official documents certifying:*

- the identity of all persons mentioned in this application  
(passport, identity card, birth certificate, family book/certificate, etc.)  
 the nationality of the applicant and the deceased person (passport, naturalization certificate, etc.)  
 the date of birth and death of all persons mentioned in the application  
 the marriage and divorce date(s) of the deceased person  
 the status of fostered or adopted children of the deceased person  
 other: .....

*Should the following documents be **missing**, the Swiss insurance period will be determined by means of a simplified procedure:*

- OASI certificate(s)  
 OASI stamps books for students (**originals**)  
 Swiss residence certificates  
 Swiss work certificates

## 11. Institution responsible for filing this application (does not concern insured persons of Swiss nationality)

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The institution responsible for filing this application certifies that all the information listed under points 1, 2, 4 and 5 of this form have been verified by means of valid supporting documents.

Place and date

Signature and stamp of the competent institution

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Observations: \_\_\_\_\_