



Application for an old-age pension for persons residing outside Switzerland

1 Identity

Surname/s

Please also state the maiden name

All first names

Please put the usual first name in capitals

Date of birth

OASI No

Sex

Male

Female

Marital status

single

married
since
(dd.mm.yyyy)

widowed
since
(dd.mm.yyyy)

divorced
since
dd.mm.yyyy)

separated
since
(dd.mm.yyyy)

1st marriage

2nd marriage

3rd marriage

Information concerning the identity of deceased ex-spouses and/or spouses must be provided in point 11.

Your home address

Street and number

Postcode / Town / Country

E-mail

Telephone / Mobile

Correspondence address (if different from the home address)

Street and number

Postcode / Town / Country

Nationality/ies (please state all of them)

Swiss citizenship since

Place of origin / Canton

2 Payment address

Name of the bank/post office

Address of the bank/post office

Street, number, postcode, town and country

Bank code (Clearing/SWIFT/BIC)¹⁾

¹⁾ Australia: BSB Number / Canada: Transit Number / USA: ABA Code

Personal account IBAN (International Bank Account Number)

Please also complete the form "Request for payment of OASI/DI benefits to a personal bank or post office account" available on our website www.zas.admin.ch.

3 Residence and professional activity

In order to determine the exact contribution periods completed in Switzerland, please tell us exactly how long you have lived and/or worked in Switzerland.

Residence in Switzerland (foreign nationals should indicate the type of permit)

Place	from (month/year)	to (month/year)	Type of permit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional activity in Switzerland

Employer's name and address	from (month/year)	to (month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you worked/contributed in an EU Member State, the United Kingdom (UK) or an EFTA Member State other than Switzerland? yes no ➔ please go to point 4

If yes, please enclosed form E 207 with your application, indicating all the EU, UK or EFTA Member States where you have worked/contributed. You will find the E 207 form on our website:

www.zas.admin.ch

4 Children

Entitlement to educational credits

Insured persons are entitled to educational credits for the years during which they exercise parental authority over one or more child/ren under the age of 16. A copy of any document relating to parental authority must be enclosed with the application.

Entitlement to a child's pension

Entitlement to a child's pension lasts until the child reaches the age of 18. For children over 18 who are in education, entitlement continues until the end of their education but no later than their 25th birthday. A copy of the apprenticeship contract or a current certificate from the educational establishment must be enclosed with the pension application.

Please give the names of all these children, even those over the age of 16, who are adults or who have died.

Surname/s of the 1st child

First name/s

Date of birth

Date of death, if applicable

Sex female male

Status own child spouse's/partner's child adopted child fostered child

Identity of the other parent

last name, first name, date of birth

Surname/s of the 2nd child

First name/s

Date of birth

Date of death, if applicable

Sex female male

Status own child spouse's/partner's child adopted child fostered child

Identity of the other parent

last name, first name, date of birth

Surname/s of the 3rd child

First name/s

Date of birth

Date of death, if applicable

Sex female male

Status own child spouse's/partner's child adopted child fostered child

Identity of the other parent

last name, first name, date of birth

If you had more than 3 children, please list them on a separate sheet of paper and include their information.

5 Application for benefits in progress

Has a claim for OASI/DI benefits already been submitted for:

- the insured person? yes no
- the spouse? yes no
- a child? yes no

6 Reference age (retirement age)

The reference age is 65 for men and as follows for women:

Year of birth	Reference age
1960 or before	64 years
1961	64 years and 3 months
1962	64 years and 6 months
1963	64 years and 9 months
1964 or after	65 years

7 Early pension

If you take your pension early, it will be reduced throughout your retirement.

An application for early pension must be submitted no later than the month before reaching the age at which you wish to start drawing your pension. It is not possible to submit retrospective applications.

Women born after 31.12.1969 and men can draw their old-age pension early between the ages of 63 and 65. Women born between 1961 and 1969 can draw their old-age pension from the age of 62.

It is possible to receive either the entire pension early (100%) or a portion of it (between 20% and 80%).

You will find further information on this topic in Memento "3.04 – Flexible retirement", available on the website www.av-s-ai.ch

Do you wish to draw your pension early? yes no ➔ please go to point 8

If yes, from which year and month do you wish to start receiving your pension early?

Early payment from: _____ (mm.yyyy)

Do you wish to draw your entire old-age pension early (100 %)?

yes ➔ please go to point 8 no

**If no, which portion of the old-age pension do you wish to start receiving early?
(only one choice possible)**

I wish to draw a portion of the pension early, of _____ % (minimum 20% and maximum 80%)

I wish to receive a monthly pension of CHF _____
(this amount is for guidance only)

8 Deferment of old-age pension

At the reference age (retirement age), you can decide to defer payment of your old-age pension and thus receive an OASI benefit increased by a monthly supplement.

It is possible to defer the entire pension (100%) or a share of it (between 20% and 80%). The application for deferment must be submitted no later than one year after reaching the reference age.

The deferment is for a minimum period of 12 months and a maximum of 60 months.

You will find further information on this topic in Memento "3.04 – Flexible retirement", available on the website www.avs-ai.ch

Do you wish to defer payment of the pension? yes no ➔ please go to point 9

If yes, do you wish to defer the entire old-age pension?

yes ➔ please go to point 9 no

If no, which share of your old-age pension do you wish to receive once you reach the reference age (only one choice possible)?

I wish to defer a portion of the pension of _____ % (minimum 20% and maximum 80%)

I wish to receive a monthly pension of CHF _____
(this amount is for guidance only)

9 Professionnal activity after the reference age

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

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

10 Identity of the spouse

Surname/s, first name/s

Please also state the maiden name and put the usual first name in capitals

Address (if different from spouse)

OASI No

Date of birth

Date of marriage

Nationality/ies

Swiss citizenship since

Place of origin / Canton

Has the spouse worked and/or resided in Switzerland? yes no

If yes, please complete the section below (foreign nationals should indicate the type of permit)

Place	from (month/year)	to (month/year)	Type of permit
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11 Identity of the deceased spouse or ex-spouse

Surname/s, first name/s

Please also state the maiden name and put the usual first name in capitals

OASI No

Date of birth

Date of marriage

Date of divorce

Date of death

Nationality/ies

Swiss citizenship since

Place of origin / Canton

Has the deceased spouse or ex-spouse worked and/or resided in Switzerland?

yes no

If yes, please complete the section below (foreign nationals should indicate the type of permit)

Place from (month/year) to (month/year) Type of permit

Place	from (month/year)	to (month/year)	Type of permit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there are any other deceased spouses or ex-spouses, please list them and their data on a separate sheet of paper and enclosed it with this form.

12 Signature

The undersigned declares that he/she has answered all the questions fully and truthfully, Any benefits paid on the basis of inaccurate information or declarations must be returned.

Place and date

Signature

If the applicant is under guardianship/curatorship, please state the name and address of the guardian/curator:

13 Copies of documents to be enclosed with the application

- valid identity document for the applicant
- official documents certifying all marital status changes (marriage certificate, partnership registration, divorce decree with date of entry into force, individual marital status certificate, family record booklet, death certificate, etc.)

If applicable (please put a cross in the boxes corresponding to the documents you are enclosing):

- children : birth certificate, family record book, adoption certificate
- identity document for all persons mentioned in the application (except ex-spouses)
- certificate of naturalisation
- books of OASI stamps for students (originals)
- other documents:

The following documents make it easier to verify periods of insurance in Switzerland:

- OASI insurance certificate(s)
- residence or domicile certificate(s) in Switzerland
- work certificate(s) in Switzerland

14 Institution responsible for submitting the application
This section does not apply to insured persons who are Swiss nationals

Place and date **Signature and stamp of the relevant institution**

Comments:

15 Power of attorney (optional)

The applicant gives power of attorney to:

Surname/s, first name/s

Address

Street, number, postcode, town and country

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

- only for this application
- until revocation

Date **Signature of the applicant** **Signature of the representative**
Please attach a copy of ID
