# 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 widowed divorced separated since since since since (dd.mm.yyyy) (dd.mm.yyyy) dd.mm.yyyy) (dd.mm.yyyy) 1<sup>st</sup> marriage 2<sup>nd</sup> marriage 3<sup>rd</sup> marriage Surname/s, first name/s and date/s of birth of the previous spouse/s 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

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)<sup>1)</sup>

<sup>1)</sup> 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 <u>www.zas.admin.ch</u>.

#### **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?  $\Box$  yes  $\Box$  no  $\Rightarrow$  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: <a href="https://www.zas.admin.ch">www.zas.admin.ch</a>

#### 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 25<sup>th</sup> 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 1 <sup>st</sup> child		First name/s				
Date of I	oirth		Date	of death, if applic	able	
Sex Status	☐ female ☐ own child	☐ male □ spouse's/partner's cl	hild	□ adopted child	□ fostered	child
Surname	e/s of the 2 <sup>nd</sup> ch	ild	First	: name/s		
Date of t	birth		Date	of death, if application	able	
Sex Status	☐ female ☐ own child	☐ male □ spouse's/partner's cl	hild	□ adopted child	□ fostered	child
Surname	e/s of the 3 <sup>rd</sup> ch	ild	First	: name/s		
Date of I	oirth		Date	of death, if applic		
Sex Status	□ female □ own child	☐ male ☐ spouse's/partner's cl	hild	adopted child	□ fostered	child
lf you ha informat		children, please list ther	n on	a separate sheet o	f paper and i	nclude th

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 form 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 <u>www.avs-ai.ch</u>

**Do you wish to draw your pension early?**  $\Box$  yes  $\Box$  no  $\Rightarrow$  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 %)?

 $\Box$  yes  $\implies$  please go to point 9  $\Box$  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 <u>www.avs-ai.ch</u>

**Do you wish to defer payment of the pension?**  $\Box$  yes  $\Box$  no  $\Longrightarrow$  please go to point 9

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

 $\Box$  yes  $\Rightarrow$  please go to point 9  $\Box$  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

#### 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 on 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	
	· · · · · · · · · · · · · · ·		<u> </u>	
11 Identity of the deceased spou	ise or ex-spouse			
Surname/s, first name/s				
Please also state the maiden name and put the usua	al first name in capitals			
OASI No				
Date of birth	Date of marriage	Date of marriage		
Date of divorce	Date of death	Date of death		
Nationality/ies				
Swiss citizenship since	Place of origin / Car	Place of origin / Canton		
Has the deceased spouse or ex-	spouse worked and/or resid	ded in Switzerla	nd?	
🗅 yes 🗅 no				
If yes, please complete the section	below (foreign nationals sho	uld indicate the ty	vpe 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.

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