



Application for a survivor's pension for persons residing outside Switzerland

1 Identity of the deceased

Surname/s

Birth names, names acquired by marriage or previous names

First name/s

OASI No

Date of birth

day, month, year

Date of death

day, month, year

Nationality/ies

Swiss citizenship since

(dd.mm.yyyy)

Place of origin / Canton

Marital status at the time of death

Single

Married

Divorced

Widowed

1st marriage

Spouse's surname/s and first name/s

Date of birth

(dd.mm.yyyy)

Date of marriage

(dd.mm.yyyy)

Date of divorce

(dd.mm.yyyy)

Date of death

(dd.mm.yyyy)

2nd marriage

Spouse's surname/s and first name/s

Date of birth

(dd.mm.yyyy)

Date of marriage

(dd.mm.yyyy)

Date of divorce

(dd.mm.yyyy)

Date of death

(dd.mm.yyyy)

3rd marriage

Spouse's surname/s and first name/s

Date of birth

(dd.mm.yyyy)

Date of marriage

(dd.mm.yyyy)

Date of divorce

(dd.mm.yyyy)

Date of death

(dd.mm.yyyy)

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

2 Information concerning the children of the deceased

To determine entitlement to educational credits, all children must be listed. For children aged between 18 and 25 who are studying or doing an apprenticeship, please enclose their study or apprenticeship certificates.

Please give the names of all these children, even those over the age of 16, who are adults or who have died. For adopted or fostered children, please attach official documents.

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

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

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

Surname/s of the 4th 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 foster child

If the deceased had more than 4 children, please list them and their data on a separate sheet of paper.

3 Information concerning the residence and professional activity of the deceased

Residence in Switzerland of the deceased

Non-Swiss nationals should indicate the type of permit: seasonal, cross-border, year-round residence, C permit or other, please specify.

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

Professional activity in Switzerland of the deceased

Employer and occupation	from (month, year)	to (month, year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the deceased worked/contributed in an EU Member State, the United Kingdom (UK) or an EFTA country other than Switzerland? yes no

If yes, please enclose form E 207 with your application, indicating all the EU, UK or EFTA Member States where the deceased has worked/contributed. You will find the E 207 form on our website: www.zas.admin.ch

4 Information concerning the applicant

Surname/s

Surname/s at birth, surname/s acquired by marriage or previous surname/s

First name/s

OASI No

Date of birth

day, month, year

Date of marriage

day, month, year

Date of divorce

day, month, year

Nationality/ies

Swiss citizenship since

Place of origin / Canton

day, month, year

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

Relationship to the deceased:

Spouse → please go to point 5

Ex-spouse → please go to point 5

Child → please go to point 6

5 Information concerning the widow/widower (spouse or ex-spouse of the deceased)

Have you been married more than once? yes no

If yes, please complete the section below

1st marriage: from _____ to _____

2nd marriage: from _____ to _____

3rd marriage: from _____ to _____

Do you have any children other than those mentioned in point 2? yes no

If yes, please give surname/s, first name/s and date/s of birth

If you have not had any children, did you live in the same household as one or more of your deceased spouse's children? yes no

If yes, please give the surnames, first names and dates of birth:

Were you domiciled in Switzerland during your marriage to the deceased?

yes no

If yes, please complete the section below:

Non-Swiss nationals should indicate the type of permit: seasonal, cross-border, year-round residence, C permit or other, please specify.

Place	from (month/year)	to (month/year)	Type of permit
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

6 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.

7 Additional questions

Was the death caused by an accident? yes no

Was the death caused by a third party? yes no

Have you applied for benefits from a Swiss accident insurance?

yes no

If yes, please give the name and address of the insurance or agency responsible

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

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

8 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. By signing this form, the survivor or his/her representative authorises all relevant persons and bodies (doctors, lawyers, insurance companies, etc) to provide the competent compensation office with the information necessary for the insurance company to exercise its right of recourse against liable third parties against whom the survivor may make claims for damages as a result of the loss suffered.

Place and date

Signature of the applicant or his/her representative

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

9 Documents to enclose with the application

Please put a cross in the boxes corresponding to the documents you are enclosing with this form

Official documents certifying:

- the identity of all persons mentioned in the application (passport, identity card, birth certificate, family record book, etc.)
- the nationality of the applicant and the deceased (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
- the status of the child fostered or adopted by the deceased
- other: _____

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

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

10 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 authority

Comments:

11 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, 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 Identity document
