



Request for benefit estimate of the reimbursement of contributions

Mark the appropriate box when requested.

Swiss insurance number

1. Identity of the insured person

for married or widowed women: indicate the maiden name as well

1.1 Surname

indicate all names and underline the one normally used

1.2 First name/s

day, month, year

1.3 Date of birth

1.4 Address

postal code, exact locality, country

Telephone number/e-mail

1.5 Civil Status *

single

married since

widowed since

divorced since

separated since

Mark box if
if applicable
or indicate
the exact dates
of each marriage

1° marriage

2° marriage

3° marriage

Surname, first name/s, date of birth of former spouse(s)

1.6 Nationality/ies

Swiss insurance number

2. Identity of the insured person's spouse

for married or widowed women: indicate the maiden name as well

2.1 Surname

indicate all names and underline the one normally used

2.2 First name/s

day, month, year

nationality

2.3 Date of birth

* **LPart** = Federal Law on civil partnerships between persons of the same sex. In this form, the civil status designations also have the following meanings: • marriage: civil partnership, • divorce: legal dissolution of the civil partnership, • widowhood: death of the civil partner.

3. Information regarding the insured person's children

3.1 Own children including adopted ones

Surname	first name/s	date of birth (day, month, year)	date of death, if applicable (day, month, year)	sex (m or f)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

4. General information

4.1 Did the insured person reside in Switzerland?

locality	from	to	type of permit
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Exact date of entry into Switzerland: _____

4.2 Indicate occupation periods (employed or self-employed) in Switzerland

employer and profession	locality	from	to
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4.3 For married, widowed or divorced persons, indicate if the spouse/s (ex-spouse/s) was/were domiciled in Switzerland:

Name, first name/s	locality	from / to	type of permit
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Place and date:

Signature:
