



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

Filing date of the application  
(to be completed by the competent institution) \_\_\_\_\_

Swiss insurance number / Group

### 1. Identity of the insured 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 \_\_\_\_\_  
day, month, year

1.5 Marital status\*

Single	Married since (dd.mm.yyyy)	Divorced since (dd.mm.yyyy)	Widowed since (dd.mm.yyyy)	Separated since (dd.mm.yyyy)
<input type="checkbox"/>	_____	_____	_____	_____
1st marriage	_____	_____	_____	_____
2nd marriage	_____	_____	_____	_____
3rd marriage	_____	_____	_____	_____

1.6 Nationality(ies) \_\_\_\_\_

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

1.7 Home address \_\_\_\_\_

Postal code \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_

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

Postal code \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_

1.9 E-Mail \_\_\_\_\_ Telephone number \_\_\_\_\_

### 2. Payment address

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

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

Postal 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):  
\_\_\_\_\_

\* 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 insured person

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3.1 Where and for how long did you **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:

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

3.3 Have you 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*

### 4. Information concerning all the insured person's children

For adopted or fostered children, please provide the official documents

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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
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

### 5. General information

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5.1 Has an application already been made or is an OASI/DI benefit or a disability allowance already paid in favour of:

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

5.2 Do you wish to anticipate the right to a pension?      yes       no

If yes, what is the desired anticipation period:  
(see leaflet 3.04 available from our Office)

1 year       2 years

5.3 Do you wish to postpone the start of the pension payment?      yes       no

**6. Identity of the insured person's spouse**

6.1 Surname \_\_\_\_\_

6.2 Other names \_\_\_\_\_  
Birth names, married names or previous names6.3 First and middle names \_\_\_\_\_ Date of birth \_\_\_\_\_  
day, month, year6.4 Date of marriage \_\_\_\_\_  
day, month, year

6.5 Nationality(ies) \_\_\_\_\_

For Swiss nationals: Swiss citizen since \_\_\_\_\_ Place of origin \_\_\_\_\_  
day, month, year6.6 Home address \_\_\_\_\_  
\_\_\_\_\_6.7 Has your spouse **resided** and/or **worked** in Switzerland during the marriage? 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**7. Identity of the ex-spouse or deceased spouse**

7.1 Surname \_\_\_\_\_

7.2 Other names \_\_\_\_\_  
Birth names, married names or previous names7.3 First and middle names \_\_\_\_\_ Date of birth \_\_\_\_\_  
day, month year7.4 Date of marriage \_\_\_\_\_ Date of divorce \_\_\_\_\_ Date of death \_\_\_\_\_  
day, month, year day, month, year day, month, year7.5 Home address \_\_\_\_\_  
\_\_\_\_\_7.6 Has your ex-spouse or deceased spouse **resided** and/or **worked** in Switzerland during the marriage? Yes  No: If yes, please complete the following section

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

**If there are any other ex-spouses or deceased spouses, please mention the information concerning them as per section 7 on a separate sheet of paper, which must be submitted with this form.**

**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.

Place and date \_\_\_\_\_ Signature of the applicant or of his/her legal representative \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**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 <small>Join copy of ID</small>
_____	_____	_____

**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 (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 applicant
- the status of fostered or adopted children
- 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, 4, 6 and 7 of this form have been verified by means of valid supporting documents.

Place and date \_\_\_\_\_ Signature and stamp of the competent institution \_\_\_\_\_

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