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Your Swiss Insurer

Postal address  
Helvetia Insurance  
P.O. Box 99  
8010 Zurich

## Industry-specific early retirement solution

### Employer

Company

Contract number

### Applicant

Policy no.

Title

- ☐ Ms  
☐ Mr

First name

Last name

Street

No.

Postcode

Place

Country

Date of birth

Marital status

E-Mail

Telephone

Are you liable to tax withholding?

- ☐ No  
☐ Yes

### Selection of early retirement solution

Please select your desired early retirement solution:

- ☐ Continuation of the occupational pension plan as an individual member  
☐ Transfer of your termination benefit to a vested benefits institution  
☐ Early retirement with withdrawal of a retirement pension or a capital payment of the old age savings

**Note:** When the retirement capital is paid out, all claims to any benefits, in particular survivors' pensions and retired person's children's pensions, lapse proportionately.

**Note:** Please note that according to the regulations of the foundation you will no longer be able to earn retirement credits or request the continuation of the occupational pension plan when you choose an early retirement pension or an early capital payment.

Please select your desired retirement benefit:

- ☐ Early retirement with withdrawal of a life-long retirement pension
- ☐ Early retirement with withdrawal of a one-time retirement capital
- ☐ Early retirement with a partial withdrawal of retirement capital in % or as a fixed amount (the remaining retirement savings are paid out as a pension)

Partial retirement capital in %

Partial retirement capital as a fixed amount

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## Continuation of the occupational pension plan

### Required documents

To assist us in assessing your application, please send us **a copy of the definitive benefits decision of your employer's foundation managing the early retirement scheme under a collective employment agreement**. You can also submit this online together with the signed application.

### Application and data processing

The undersigned hereby applies for admission as an individual member in accordance with the supplementary conditions for the industry-specific early retirement solution for former insured persons managed by Helvetia Collective Foundation or Helvetia LOB Invest, as the case may be (hereinafter Helvetia). Helvetia Collective Foundation or Helvetia LOB Invest, as the case may be may reject an application without giving reasons.

Where necessary, Helvetia may independently gather from the former employer, or from the foundation managing the early retirement scheme under a collective employment agreement, the applicant's personal data it requires to admit that applicant as an individual member and to manage or terminate the latter's pension insurance. To this extent, the foundation managing the early retirement scheme under a collective employment agreement and the former employer are released from their duty of confidentiality as regards the applicant's personal data. Helvetia may be required to disclose personal data gathered for pension insurance to the bodies performing control activities in accordance with the rules of the foundation managing the early retirement scheme under a collective employment agreement as well as to any third parties named by them. To this extent, Helvetia is released from its duty of confidentiality as regards personal data.

### Declaration of consent

You will find the supplementary conditions and further relevant information at [www.helvetia.ch](http://www.helvetia.ch).

The applicant confirms that he/she has read and understood the supplementary conditions for the industry-specific early retirement solution for former insured persons of Helvetia Collective Foundation or Helvetia LOB Invest, as the case may be. He/she declares that he/she is in agreement with the contents thereof.

By signing this application, the applicant gives his/her consent to data processing.

## Transfer to a vested benefits institution

Please transfer my termination benefit to the vesting institution named below so that a vested benefits account or vested benefit policy can be set up.

**Required documents:** If possible, please enclose a copy of the vested benefits application.

### Vesting institutions

Name

Bank/post office (name, address)

IBAN

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## Withdrawal of the retirement benefits

### Account details

Bank/post office, name, branch

Postcode, place

