

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

	e responsible for dea	aling with the ap	plication			
Appl	ication received on				Swiss insurance pu	imbor / Group
					Swiss insurance nu	imber / Group
1	Identity of the ins	ured person				
1.1	Surname					
1.2	Previous names					
1.3	First and middle names					
1.4	Date of birth	day, month, year				
1.5	Civil status*	Single	Married since	Divorced since	Widowed since	Separated since
1.6	Nationality(ies)					
		since day, mont	h, year	_ Place of origin	Swiss nationals	
1.7	Address					
		Postal code _		Town	Cou	intry
					Swiss insurance nu	mber / Group
2	Identity of the ins	ured persons'	snouse / registe	red partner LPart*		
•			spouse / registe			
2.1	Surname					
2.2	Previous names					
2.3	First and middle names				_ Date of birth day, month	, year
2.4	Nationality(ies)					
		since		Place of origin	Swiss nationals	
2.5	Address		., yeai			
				d if the insured per	son is widowed or ha	s been married / in a
	egistered partnersh	inp LPart more	man once.			
3.1 3.2	Surname Previous names					
3.3	First and middle				Date of birth	
0.0	names				day, month,	year
3.4	Date of marriage*	day, month, year	Date	e of divorce* day, mont	Date of do	eath day, month, year
3.5	Address					
			o givo all informa	tion under pointe 2.1	to 2.5 concerning the	mon a constato chest a
3.6	If there are other expaper, which must l				to 3.5 concerning the	m on a separate

* 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. 318.000.1 GB

4. Information concerning all the insured person's children. For fostered or adopted children, please provide the official documents.

4.1 In order to examine the right to a bonus for educational tasks, **all** children must be listed. For children between the age of 18 and 25 who are students or doing an apprenticeship, please enclose the relevant studies 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*

*Please indicate the relationship with a cross

5. **General information**

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 / civil partner (LPart)?	Yes 🗖	No 🗖
	- a child?	Yes 🗖	No 🗖
5.2	Do you wish to anticipate the right to an old-age pension?	Yes 🗖	No 🗖
	If yes, what is the desired anticipation period: (see leaflet 3.04 available from the Swiss compensation offices)	1 year 🗖	2 years 🗖
5.3	Do you wish to postpone the start of the pension payment?	Yes 🗖	No 🗖
6.	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)*

* Australia: BSB Number / Canada: Transit Number / USA: ABA Detail

Personal account IBAN (International Bank Account Number):

7. General information concerning the residence and the gainful employment in Switzerland of the insured person.

7.1 Where and for how long have you lived or resided in Switzerland? Foreign nationals should indicate the type of permit: seasonal worker, frontier worker, annual or C permit or other.

	Town	from (month, year)	until (month, year)	Type of permit
7.2	Please indicate the gainful employr	nent in Switzerland:		
	Employer and profession	Town	from (month, <u></u>	year) until (month, year)
7.3	Have you ever been subject to th If yes, please submit the duly comp			er State? Yes 🖬 No 🗖
8.	General information concerning	the spouse's / ex-spous	se's residence in Switz	erland
8.1	Has your spouse ever lived or resic Foreign nationals should indicate th	led in Switzerland? ne type of permit: season	al worker, frontier worker	, annual or C permit or other.
	Town	from (month, year)	until (month, year)	Type of permit
		nom (monal, you)		
8.2	If the insured person is widowed or information concerning their stay or	if there are any ex-spou	ses (mentioned under po	
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If there are other ex-spouses, please write all information concerning them requested under point 8.2 on a separate sheet, which you are kindly asked to join to this application.

9. Documents to send with the application (copies)

- all OASI certificates in your possession
- OASI stamps books in your possession
- copies of Swiss residence confirmations
- Swiss work certificates

Should these documents be missing, the insurance period in Switzerland will be determined by means of a simplified procedure.

10. Depending on the case, copies of the official documents confirming the following, will also have to be provided with the application

- the state of the insured person's family
- the nationality of the insured person
- the date of birth of all persons mentioned in the application
- the date of death of all deceased persons mentioned in the application
- the divorce date of all divorced persons mentioned in the application
- the residence address of the insured person
- the official status documents for fostered or adopted children

The undersigned certifies that all the information given in this declaration is true and complete. The benefits paid on the basis of false information or declaration will have to be returned.

Date and place

Signature of the applicant or of his/her legal representative

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

11. Power of attorney (optional)

The applicant gives power of attorney to:

Name

Address

to represent them, acknowledge the file, act on his/her behalf and receive the decision and the documents concerning the present application.

Date

Signature of the applicant

Signature of the representative

The office responsible for dealing with the application certifies that the information given under points 1 to 4.1 of the present form have been verified by means of valid documentary evidence.

Date and place

Signature and stamp of the responsible institution

Observations:

Enclosures: