Withdrawal of pension fund capital on retirement

	capital on ret	Contract no. /	
Employer	Name and place		
Insured person	Surname	First name	Nationality
	Street, postal code and town, countr	y	Country in which employed
	Date of birth	Gender	Occupation
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	I hereby declare that, on retirement, I would like to withdraw my pension fund capital as a lump sum instead of receiving a retirement pension. I acknowledge that, on payment of this capital, I waive any claims to pensioner's child's pensions surviving spouse's/registered partner's or partner's pensions		If the pension fund regulations do not provide for the retirement pension to be paid as a lump sum, then only 25% of the assets existing at the time of retirement may be withdrawn as a lump sum.
registered	Payment of the retirement pension as a lump sum is permissible only if the spouse has given his/her written consent at the time of retirement.		
	Date		Signature of the insured
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Please send to $\ AXA$

Postfach 300 8401 Winterthur