

Retirement notification (by the employer)

Employer / pension fund

Pension plan

category

Insured person:

Name

First name

Date of birth

Civil status at retirement

single married divorced widowed
 registered partnership dissolved partnership

Social security number

756.

Streets, No.

Postal code, place

Retirement per

Type of retirement

Full retirement Partial retirement

Additional information for partial retirement

Annual salary after partial retirement
Level of employment after partial retirement

Place,

Signature of employer

Date,