



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)¹⁾ _____

¹⁾ 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

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

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

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 names
- 6.3 First and middle names _____ Date of birth _____
day, month, year
- 6.4 Date of marriage _____
day, month, year
- 6.5 Nationality(ies) _____
- For Swiss nationals: Swiss citizen since _____ Place of origin _____
day, month, year
- 6.6 Home address _____

- 6.7 Has your spouse **lived** 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 names
- 7.3 First and middle names _____ Date of birth _____
day, month year
- 7.4 Date of marriage _____ Date of divorce _____ Date of death _____
day, month, year day, month, year day, month, year
- 7.5 Home address _____

- 7.6 Has your ex-spouse or deceased spouse **lived** 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

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)

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
Join copy of ID

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

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)

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: _____