

Application for payment of an AHV bridging pension

(Submit the application no later than three months before retirement)

Last name	_____	First name	_____
Street / no.	_____	Postcode / place	_____
Date of birth	_ _ _ _ _ _ _	SC no.	_____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Civil status	_____
Employer	_____	Date of retirement	_ _ _ _ _ _ _

Amount of desired AHV bridging pension:	CHF	_____	per year
Desired term of the AHV bridging pension:	Start	_ _ _ _ _ _ _	End _ _ _ _ _ _ _
Is your employer helping to finance the AHV bridging pension in line with the Pension Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

In accordance with the Pension Fund Regulations or Pension Plan of my employer in force at the time of retirement, I am applying for payment of an AHV bridging pension.

I confirm that I am aware of all of the requirements for drawing an AHV bridging pension under the Pension Fund Regulations, which must be met cumulatively:

- I am not currently drawing an AHV retirement pension or a full disability allowance from the Swiss Federal Disability Insurance.
- If an AHV bridging pension is being drawn, the pension or lump-sum payment will be reduced on the basis of an actuarial calculation, unless the pension or lump-sum payment was previously financed in full in accordance with the actuarial principles.
- The AHV bridging pension must not exceed the applicable maximum AHV retirement pension at the time of retirement (as at 1.1.2025: CHF 30 240 p.a.). Any partial disability allowance from the Swiss Federal Disability Insurance will also be included in the calculation. Arrangements which differ from this must be specified in the Pension Plan.
- I have consulted with my employer (if the employer is participating in the costs).
- In all cases the bridging pension shall be paid only until the insured reaches regular retirement age.
- If the insured person dies before expiry of the AHV bridging pension, the cash value of the remaining pension will be paid as a lump sum to the insured person's survivors in accordance with Art. 30 para. 9 of the Profond Pension Fund Regulations.

Place, date

Signature of the insured person