



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

Office responsible for dealing with the application _____

Application received on _____

Swiss insurance number / Group

1 Identity of the insured 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 _____ Place of origin _____
day, month, year for Swiss nationals

1.7 Address _____

Postal code _____ Town _____ Country _____

Swiss insurance number / Group

2 Identity of the insured persons' spouse / registered partner LPart*

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 _____
day, month, year for Swiss nationals

2.5 Address _____

3 Identity of the ex-spouse / partner. To be completed if the insured person is widowed or has been married / in a registered partnership LPart* more than once.

3.1 Surname _____

3.2 Previous names _____

3.3 First and middle names _____ Date of birth _____
day, month, year

3.4 Date of marriage* _____ Date of divorce* _____ Date of death _____
day, month, year day, month, year day, month, year

3.5 Address _____

3.6 If there are other ex-spouses, please give all information under points 3.1 to 3.5 concerning them on a separate sheet of paper, which must be submitted with this application.

* 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.

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 employment in Switzerland:

Employer and profession	Town	from (month, year)	until (month, year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7.3 **Have you ever been subject to the social security system of an EU/EFTA Member State?** Yes No
If yes, please submit the duly completed E207 form with your application.

8. General information concerning the spouse's / ex-spouse's residence in Switzerland

8.1 Has your spouse ever 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8.2 If the insured person is widowed or if there are any **ex-spouses** (mentioned under point 3), please indicate the information concerning their stay or residence in Switzerland:

Town	from (month, year)	until (month, year)	Type of permit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
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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: