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> Swiss Federal Pension Fund PUBLICA Eigerstrasse 57 3007 Bern

## Confirmation of agreement to cash payment of vested benefits (Art. 5 VBA)

By signing this document, I agree that the vested benefits may be paid out in cash in favour of the following person insured with PUBLICA:	
☐ Mr ☐ Ms	
Last name	First name
Date of birth	Social security number
Details and signature of person confirming their agreement:	
☐ Mr	☐ Spouse
☐ Ms	☐ Registered partner
Last name	First name
Date of birth	Signature
* Certification	

- \* Certification may be provided:
  - by a notary **or**
  - by the relevant Swiss embassy or consulate.

