

**Form “proof of life”**

This form serves as proof of your existing pension entitlements towards your pension provider.

<b>Voluntary information provided by the retiree (please delete if not applicable)</b>		
Surname:	First name:	Personnel number:
Address:		
Family status:	Family status since:	
Contact details (phone number / E-Mail):		

I hereby confirm that I continue to meet the requirements for pension payments.  
If the signature is provided by an authorized representative, please attach the power of attorney.

Place, Date \_\_\_\_\_ Signature retiree \_\_\_\_\_

Certification by official or public institution (for example by: authority of the country of residence, bank, doctor, hospital, nursing home)

**(signature and stamp of the official or public institution is mandatory)**

The pension beneficiary is alive and has submitted the following documents:

- Passport
- Identity card
- Certificate of nationality
- or is known to me personally

Stamp of institution \_\_\_\_\_

Place, Date \_\_\_\_\_

Signature \_\_\_\_\_