



Application for a survivors' pension for persons residing outside Switzerland

Office responsible for dealing with the application _____

Application received on _____

Swiss insurance number / Group

1 Identity of the deceased person

1.1 Surname _____

1.2 Previous names _____

1.3 First and middle names _____

1.4 Date of birth _____ Date of death _____
day, month, year day, month, year

1.5 Nationality(ies) _____

since _____ Place of origin _____
day, month, year for Swiss nationals

Swiss insurance number / Group

2 Identity of the widow or widower

2.1 Surname _____

2.2 Previous names _____

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

2.4 Date of marriage* _____ Date of divorce* _____
day, month, year day, month, year

2.5 Nationality(ies) _____

since _____ Place of origin _____
day, month, year for Swiss nationals

2.6 Address _____

Postal code _____ Town _____ Country _____

3 Identity of the deceased person's ex-spouse.

To be completed if the deceased person has been married / in a civil 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.

**4. Information concerning all the deceased person's children.
For fostered or adopted children, please provide the official documents.**

4.1 In order to examine the right to a bonus for educational tasks, **all** children must be listed.
For children between the age of 18 and 25 who are students or doing an apprenticeship, please enclose the relevant studies 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*
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please indicate the relationship with a cross

5. Special information concerning the widow's / widower's pension

5.1 Has the widow / widower been married more than once? Yes No
 If yes, how long did the marriages last?
 Married from _____ until _____ 2nd marriage from _____ until _____

5.2 Question to which widows and widowers, who at the time of their spouse's death did not have blood-related or adopted children, must reply: Did you live in the same household as one or more of your spouse's children?
 Yes No
 If yes, please give the surnames, first names and dates of birth of the children in question.

6. Questions which must be answered in all cases (6.1 to 6.2 and 8.1 to 9.2)

6.1 Was the death caused by an accident? Yes No
 Was it the doing of a third party? Yes No
 Have any benefits been requested:
 - from a Swiss insurance in case of an accident? Yes No
 - from the AMF (federal military insurance)? Yes No
 If yes, name and address of the responsible insurance or agency _____

6.2 Has an application already been made or is an OASI/DI benefit or a disability allowance already paid in favour of:
 - the widower or the widow? Yes No
 - the spouse / LPart partner ? Yes No
 - the orphans? Yes No

7. 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)* _____
 * Australia: BSB Number / Canada: Transit Number / USA: ABA Detail
 Personal account IBAN (International Bank Account Number):

8. General information concerning the residence and the gainful employment in Switzerland of the deceased person

8.1 Where and for how long did the deceased person live or reside 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 Please indicate the deceased person's gainful employments in Switzerland:

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

8.3 Was the deceased person ever 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.

9. General information concerning the residence in Switzerland of the surviving spouse or ex-spouse requesting the benefit

9.1 Has **the spouse** requesting the benefit 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9.2 Has **the ex-spouse** requesting the benefit 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. 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.

11. Depending on the case, copies of the official documents confirming the following, will also have to be provided with the application

- the nationality of the widower, widow and of the deceased 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 widower, the widow (the orphans)
 - 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.

12. 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 5.2 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: