



C P I C

FUTURE PAYMENT OF A RETIREMENT PENSION

paid by the Rentes Genevoises - Assurance pour la Vieillesse

**DECLARATION ON THE WORD OF HONOUR
OF REDUCED PROFESSIONAL LEVEL OF ACTIVITY**

I, the undersigned,

FAMILY NAME

First name(s)

Date of birth

CPIC beneficiary **No. 1**

Nationality

Full address

.....

hereby declare "on my word of honour" that I will exercise my profession only at a reduced level of activity at the date on which entitlement to payment of my pension commences; I maintain the status of active beneficiary.

I will any longer exercise a professional activity from; I do not maintain the status of active beneficiary.

Signed at

On.....

Beneficiary

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