



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,

Mrs. Miss Mr.

FAMILY NAME

First name(s)

Date of birth

CPIC beneficiary **No. I**

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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