

Refund form **RETIREMENT**

your client service department: 33 (0)1 49 37 80 58 (Standard rate call)

Saver's personal details

Company ID	<input type="text"/>	Company name	<input type="text"/>
I, the undersigned <input type="checkbox"/> Mrs <input type="checkbox"/> Mr			
Last name	<input type="text"/>	Date of birth	<input type="text"/>
<input type="checkbox"/> I inform you that my LAST NAME has changed (📎 extract of marriage certificate or divorce judgment)			
First name	<input type="text"/>	Place of birth	<input type="text"/>
N°INSEE or Employee ID	<input type="text"/>	Country of birth	<input type="text"/>
<small>(Required)</small>			
Current address	<input type="text"/>		
Postal code	<input type="text"/>	City	<input type="text"/>
<input type="checkbox"/> I inform you that my CURRENT ADDRESS has changed (📎 copy of your electricity or landline bill <3 months (12 months if monthly))			
Telephone number	<input type="text"/>	Personal E-mail	<input type="text"/>

I request the **total refund** of my savings

PLAN	As a LUMP SUM	As an ANNUITY
PEE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PERCO	<input type="checkbox"/>	<input type="checkbox"/>
PER - Deductible voluntary payments	<input type="checkbox"/>	<input type="checkbox"/>
PER - Non-deductible voluntary payments	<input type="checkbox"/>	<input type="checkbox"/>
PER - Employee savings	<input type="checkbox"/>	<input type="checkbox"/>
PER - Mandatory payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>

or

For a partial refund of your savings, log on to your personal secure account.

Contact information of the **company responsible for managing the annuity**

Company name	<input type="text"/>	Date, STAMP and signature <input type="text"/>
Correspondent name	<input type="text"/>	
Address	<input type="text"/>	
Postal code	<input type="text"/>	
City	<input type="text"/>	
Telephone number	<input type="text"/>	
E-mail	<input type="text"/>	
Contract informations	<input type="text"/>	

You will be reimbursed by transfer: in the absence or in case of change in your bank details, please attach your bank account details, including the IBAN and BIC (or SWIFT) codes* and copy of an identity document (both sides of your ID card, Passport) with your last and first name. If you prefer to be reimbursed by cheque (according to the current fee conditions), tick the following box

* For investors residing outside Europe (SEPA region) you must attach - if there is no IBAN - a bank identification form showing your BBAN (Basic Bank Account Number) and BIC (Business Identifier Code)

Signed in

Date

Saver's signature

To attach to the form

This form must be returned duly completed and signed to the address opposite, with following documents attached:

- proof of retirement** issued by the social security organization or, competent social organization
> **Except for** the release of assets held in the PER because you have reached the legal retirement age (62)
- bank details of the company responsible for managing the annuity**
- your bank details** for a reimbursement of capital savings by bank transfer
- copy of an identity document** (both sides of your ID card, Passport)

HSBC Epargne Entreprise
TSA 20001
93736 BOBIGNY Cedex 09



MAJ 12/2020