



REQUEST FOR TRANSFERT OF THE EXIT BENEFIT

Affiliated company: Contract No:

Personal data of the insured person

Name and first name: Date of birth:

AVS No.: Gender: ☐ M ☐ F

Address:

Tel. Private/mobile: E-mail:

Civil status, from: ☐ single ☐ married ☐ divorced
☐ bound by a registered partnership ☐ partnership dissolved ☐ widow (er)

Indications on the exit

Date of exit (salary paid until):

Is the insured person unable to work due to illness or accident? ☐ yes ☐ no

If yes, please give details (dates, causes, etc.):

Instructions for the transfer

Name and address of the new employer:

Name and address of the new pension
fund or vested benefits foundation

Address for payment (Please enclose a payment slip if possible)

IBAN (max. 34 digits):

Bank / Post (name, postcode, place, country):

Account holder:

SWIFT code (bic): Clearing/BC:

Place and date: Signature of the insured person:



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☐ Please pay me my exit benefit in cash because

☐ I am leaving Switzerland definitively

Swiss citizens

- ☐ Attestation of departure from the Cantonal Population Office
- ☐ Attestation of residence of the new domicile
- ☐ Copy of your ID or passport

Foreign nationals:

- ☐ Attestation of cancellation of the residence permit
- ☐ Attestation of residence of the new domicile
- ☐ Copy of your ID or passport

Cross-border workers

- ☐ attestation of cancellation of cross-border permit
- ☐ Attestation of residence of the new domicile
- ☐ Copy of your ID or passport

I elect to reside in a EU country or EFTA

We invite you to provide proof of the opening of a vested benefits blocked bank account so we can pay the minimum obligatory part (LPP). If you are not subject to the social security of your new country of residence. The necessary form to request the payment of the minimum obligatory part (LPP) can be requested from the guaranty fund LPP. www.verbindungsstelle.ch.

☐ I am becoming self-employed

- ☐ Attestation of affiliation to an AVS fund as an independent
- ☐ Mail signed by yourself attesting that this is your main activity
- ☐ Copy of your ID or passport

☐ My exit benefit is lower than the annual amount of my contributions (annual contributions of insured)

- ☐ Copy of your ID or passport

For insured persons not married/ not bound to a registered partnership: It is mandatory to provide a civil status certificate which validity must date less than 3 months (Request to be made to the civil status office), **except if the amount is less than CHF 5'000.00.**

Address for payment

IBAN (max. 34 digits):

Bank / Post (name, postcode, place, country):

Account holder:

SWIFT code (bic): Clearing/BC:

I declare that all the information provided above corresponds to the truth.

Place and date:

Signature of the insured person

Place and date:

Signature of notified spouse/registered partner

Authentication of the signature of the notified spouse /registered partner (Only from CHF 5'000.00 and up)

The signature of the notified spouse/registered partner must be authenticated either by an official body (Notary, Justice of the Peace, passport service or local police).

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Seal and signature of the official body