## Details for the transfer of the vested benefits

## Insured person's details

Company		
Insured person		
Surname		
First name		
OASI number	Insurance number	Gender
Date of birth	Marital status	
Address		
Postcode and city		

In accordance with Art. 3(1) of the Vested Benefits Act, vested benefits must be transferred to the employee benefits institution of the member's new employer. If you are not insured with another pension fund, your vested benefits must either be transferred to a vested benefits account with a bank or invested in a vested benefits policy with an insurance company. Under certain circumstances, a cash payment is also possible.

If you do not notify us of a payment address, we will transfer the vested benefits to the Substitute Occupational Benefit Institution in accordance with the statutory provisions.

## 1 Change of employer – transfer to my new pension fund

If possible, please enclose payment slip

New pension fund		
Address/city		
Bank/postal account details		
BAN		
New employer		

2	Interruption of employment – transfer to a vested benefits account		
	Please transfer my vested benefits to the Substitute Occupational Benefit Institution, Vested Benefit Accounts, P.O. Box, 8050 Zurich. They will inform me directly of the opening of my vested benefits account.		
	I have opened a vested benefits account with my bank. Please enclose the application to open sa account so that we can transfer your vested benefits.		
	I have set up a vested benefits policy with an insurance company. Please enclose the application to open said account so that we can transfer your vested benefits.		
3	Cash payment		
Cash payment is only possible if one of the following		h payment is only possible if one of the following reasons applies:	
	My vested benefits are lower than my annual personal contribution.		
	I am becoming self-employed in Switzerland in my main occupation and am no longer subject to mandatory occupational benefits insurance. Please find enclosed a current confirmation from the OASI compensation fund that I am entered into as a self-employed person in my main occupation.		
	I am	leaving Switzerland permanently.	
		I no longer work and live in Switzerland or Liechtenstein and am moving to a country <b>outside</b> the <b>EU/EFTA</b> .* I have enclosed the deregistration confirmation issued by my local authority. Please provide the information requested under 3.1–3.3.	
		I no longer work and live in Switzerland or Liechtenstein and am moving to a country within the <b>EU/EFTA</b> .* I have enclosed the deregistration confirmation issued by my local authority (cross-border commuters: current confirmation of residency). The extra-mandatory share can be paid out in cash. Please provide the information requested under 3.1–3.3.	

The payment of the LOB portion requires proof that there is no mandatory social insurance in the new country of residence. Please contact: LOB Guarantee Fund, 3000 Bern 14, phone 031 380 79 71 or obtain the relevant information at <a href="https://www.sfbvg.ch">www.sfbvg.ch</a>

Should no respective proof be submitted, a vested benefits account will be opened in your name with the Substitute Occupational Benefit Institution, Vested Benefit Accounts, P.O. Box, 8050 Zurich at the same time as the extra-mandatory credit for the LOB portion is disbursed.

EU/EFTA countries

3.1	Account for cash payment		
Name	of the bank		
Street			
Postco	ode and city		
IBAN			
SWIF	Г/BIC (for payments abroad)		
Name	of the account holder		
3.2	Permanent residence address abroad		
3.3	Signatures		
	eby declare that I have read the abounderely.	ve information and have completed the form truthfully and	
Place	e/date	Signature	
Place	e/date	Signature of the spouse/registered partner	
3.4	Notarisation		
For <b>cash payments</b> we require the certified <b>approval</b> of the spouse or partner in the case of <b>married</b> persons or persons living in a <b>registered partnership</b> .			
	The notarisation must be made using this form and can be obtained from the commune where you are resident or from a different commune.		
All	All other persons are required to submit proof of their current civil status.		
Place	e/date	Signature of the witness/notary	
ID pa	apers presented:		