Leaving the Pension Fund

| Insured person | | |
|--|---|--|
| First name | Date of birth | |
| Last name | AHV/AVS no. | |
| Address | Marital status | |
| Postcode/place | Tel. | |
| E-mail | | |
| Date of leaving | | |
| DD/MM/YYYY | | |
| Capacity to work | | |
| I am able to work | | |
| If no, reason: | | |
| New employer (transfer to new pension fund) | | |
| Name of new pension fund | | |
| Address | | |
| Payment instructions (please enclose paying-in slip) | | |
| Postal account | | |
| Bank | Postcode/Place | |
| Clearing no. | Account no. | |
| IBAN no. | SWIFT/BIC | |
| Payments abroad may entail fees and exchange i | rate losses which must be borne by the payee. | |

No new employer (transfer to vested benefits scheme)

- □ Vested benefits scheme (enclose account application and paying-in slip)
- Name
- □ Stiftung Auffangeinrichtung BVG

Application for cash payment

- You no longer live or work in Switzerland or Liechtenstein. Your country of residence is NOT an EU/EFTA member nation. (Enclose local authority's confirmation that you have cancelled your registration in your last Swiss municipality of residence)
- You no longer live or work in Switzerland or Liechtenstein. Your country of residence IS an EU/EFTA member nation. (Enclose local authority's confirmation that you have cancelled your registration in your last Swiss municipality of residence)
 - □ You are exempt from social security in your country of residence (Enclose proof from country of residence)
- □ You are subject to social security in your country of residence or in another EU/EFTA country (Only for payment of super-obligatory share of vested benefits; for transfer of obligatory share, please fill out "No new employer" section)
- □ You are becoming self-employed in Switzerland. (Enclose confirmation from your AHV/AVS office)
- □ Your vested benefits are less than your annual contribution.

Payment instructions (please enclose paying-in slip)

| Postal account | |
|----------------|----------------|
| Bank | Postcode/Place |
| Clearing no. | Account no. |
| IBAN no. | SWIFT/BIC |

Payments abroad may entail fees and exchange rate losses which must be borne by the payee.

Continued occupational insurance pursuant to Art. 47a LOB

If your employment has been terminated by your employer, you are not joining a new pension fund and you have reached the minimum age according to the currently valid regulations for the continued occupational benefits pursuant to Art. 47a BVG, you may request the continuation of your insurance cover. For further information and details on minimum age, benefits and deadlines, please refer to the currently valid regulations. If you meet the requirements and decide to continue insurance, please request the agreement on "Continued insurance after leaving the compulsory insurance pursuant to Art. 47a BVG".

Documents required for a lump-sum payment

In the case whereby the pension capital has been pledged, the pledgee's written approval has to be submitted.

Unmarried persons: enclose proof of marital status (not older than 6 months) Married persons and those in officially registered partnerships: consent to cash payment

Place/date

Signature of spouse/partner

Place/date

Official notarisation of signature (by a notary or residents' registration office)

Confirmation of accuracy

I have read the information leaflet and confirm that the information provided on this form is true and accurate.

Place/date

Signature of insured person

Signature of insured person