

Employer's notification of departure

In order for us to carry out the departure formalities and to duly transfer your vested benefits, please **complete and sign** this form and return it to us.

Affiliated company

Personal data of insured person

Last name and first name

Address in full

Postcode and town

Social security number

Date of birth

Marital status

Termination of employment relationship as per (day, month, year)

Is the departing person disabled? no yes since

Are you leaving the foundation due to financial reasons? no yes

Place / date

Stamp and signature of company