

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

Are you leaving the foundation due to financial reasons?

no

yes

Place / date

Stamp and signature of company

Details for the transfer of the vested benefit

Last name and first name

Address in full

Postcode and town

Social security number

Date of birth

Sex

Marital status

Employer to date

The transfer of your vested benefits to the employee benefits institution of your new employer is prescribed in accordance with Art. 3 par 1 of the Federal Law on Vesting in Pension Plans. 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 shall transfer the vested benefits to the LOB's Supplementary Institution in accordance with the statutory provisions.

1 **Transfer to my new pension fund (change of employer)** (please enclose payment slip)

New pension fund

Address / town

Bank / postal account details

IBAN no

Comments (contract number, etc.)

2 **Transfer to a vested benefits account (interruption of employment / LOB not mandatory)**

- 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 already have a vested benefits account at my bank. Please find enclosed the relevant bank details for the transfer.
- I have set up a vested benefits policy with an insurance company. Enclosed please find the details you need to make a transfer.

3 Cash payment (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 my main occupation and am no longer subject to mandatory occupational benefits insurance. Please find enclosed a current confirmation from the AHV compensation fund that I am entered 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 **outside the EU/EFTA***. 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 **EU/EFTA***. 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 www.sfbvg.ch
 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.

3.1 Account for payment

Name of bank

Address of bank

IBAN no

SWIFT / BIC (payments abroad)

3.2 Permanent residence address abroad

* EU/EFTA countries

Belgium, Bulgaria, Denmark, Germany, Estonia, Finland, France, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Austria, Poland, Portugal, Romania, Sweden, Slovakia, Slovenian, Spain, Czech Republic, Hungary, Cyprus, Iceland, Norway, Principality of Liechtenstein

3.3. Signatures

I hereby declare that I have read the explanatory notes and have completed the form truthfully and completely.

Place / date

Signature

Place / date

Signature of spouse / registered partner

For payments exceeding CHF 10,000.00, we require the notarised agreement of the spouse or partner in the case of married persons or persons living in a registered partnership. The notarisation must be made using this form and can be obtained from the commune where you are resident, from a different commune or from HR.
All other persons are required to submit proof of their current civil status.

Place / date

Signature of witness / notary

ID papers presented