

LEAVING NOTICE (to be filled in by the employer)

Company: _____ Connection No: _____

1. Personal Details

Last Name: _____ First Name: _____

Street, No: _____ Postcode, City: _____

Date of Birth: _____ Civil Status: ☐ single ☐ married

☐ divorced ☐ widowed

☐ registered partnership

Ins. Number: _____ Gender: ☐ Man ☐ Woman

Tel. P: _____ Tel. M: _____ E-mail P: _____

2. End of Employment Contract

End of Employment Contract: _____

3. Ability to work

Is the person leaving fully capable of working at the time of exit? ☐ Yes ☐ No

4. Type of Fund Exit

- ☐ Exit from risk insurance only, as not yet accepted into savings bank (no vested benefits)
- ☐ Transfer to a new pension scheme. The vested benefits of the insured person shall be transferred to pension fund of the new employer (Art. 3 para. 1 FZG). Please indicate paying agent below.

Name and address of new employer: _____

Name and address of new pension fund: _____

- ☐ Opening of a vested benefits account, as no transfer to a new pension scheme takes place (Art. 4 pa FZG)
 - ☐ Opening of a vested benefits account with the Rendita Vested Benefits Foundation
 - ☐ Transfer to a vested benefits account at another institution. Please indicate paying agent below.

5. Type of Fund Exit

IBAN No. (max. 34 digits): _____

Bank (Name, Postcode, City, State): _____

SWIFT Code (BIC): _____ Clearing/BLZ: _____

If none of the above payment methods is possible, please see reverse side.

Place and Date:

Signature of insured Person:

6. Cash Payment

- ☐ Vested benefits must be paid out in cash because one of the following reasons applies:
- ☐ The person exiting the fund is either leaving Switzerland permanently or will no longer work in Switzerland as a cross-border commuter. **(Enclose Official Confirmation)**
 - ☐ They are settling in the following EU/EFTA state: _____
The non-compulsory part of the vested benefits can be paid out. The application form for additional payment of the compulsory part in accordance with the BVG can be obtained from the Guarantee Fund Liaison Office (www.verbindungsstelle.ch).
 - ☐ They are settling in the following non-EU/EFTA state: _____
The entire vested benefit can be paid out.
 - ☐ The person exiting the fund takes up self-employment as their main occupation and is no longer subject to the compulsory occupational benefit scheme (Art. 5 para. 1 lit. b FZG).
⇒ Enclose confirmation from the AHV Equalisation Office
 - ☐ The person exiting the fund is entitled to a vested benefit that is less than their personal annual contribution as stated on the pension certificate (Art. 5 para. 1 lit. c FZG).
⇒ Insignificant Size

For married insured persons, the written consent of the spouse is required for a cash payment.

Consent of Spouse:

Last Name: _____ First Name: _____
Date of Birth: _____ Place of Domicile: _____

I agree to cash payment (ticked above) of the vested benefits.

Place and Date:

Officially Certified Signature of
Spouse/Life Partner:

Paying Agent for a Cash Payment

IBAN No. (max. 34 digits): _____

Bank (Name, Postcode, City, State): _____

SWIFT Code (BIC): _____ Clearing/BLZ: _____

The account is in the name of: _____

I acknowledge that if the payment details have not been provided, the leaving benefit will be paid after **two months** to a vested benefits account of the Rendita Vested Benefits Foundation.

I hereby confirm the accuracy of the information contained on this form.

Note: In all cases of cash payment, a certificate of civil status (to be requested by telephone from the home municipality) or another current official certificate of civil status must be enclosed for unmarried persons. In the case of married persons or persons living in a registered partnership, a certificate of notarisation of the partner's signature must be enclosed.

Place and Date:

Signature of insured Person: