

Request for cash payment

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Person detail	ls of insured									
Last name										
First name										
AVS N°										
E-mail										
Address										
Civil status	single divorced widow(er) registered partnership dissolved partnership									
I am incapacitated for work resulting from an illness or accident have carried out some personal repurchases over these last										
no	no									
yes, since	D D / M M / Y Y Y Y Y Y y y yes (please attach a copy of the tax attestation(s) 21 EDP)									
INFORMATIO	ON CONCERNING PAYMENT									
Please pay my exit	benefit in cash because									
i become self-employed enclose certificate of affiliation to the AHV fund										
my exit benefit is less than the annual amount of my contributions before sending this form back to us, please check with our office whether you fulfill this condition										
i am leaving Sw	vitzerland definitely or will no longer be active in Switzerland as a cross-border worker, and									
the over-obli	n up residence in a EU, United Kingdom or EFTA member country gatory share of the vested benefit may be paid in cash. The necessary form for requesting payment in cash of the obligatory share of the of the enefit (minimum according to the BVG) may be withdrawn from the BVG Guarantee Fund Office									
	aken up residence in a EU, United Kingdom or EFTA member country the vested benefit may be paid in cash									
Cross-border										
Include a cance	ellation notice of the cross border permit as well as new residence certificate									
Foreign nationa										
	ellation notice of residence permit as well as new residence certificate									
Swiss citizens	station from the population control or well as a varidance attractation for the population of varidance									
include an attes	station from the population control as well as a residence attestation for the new place of residence									
It's imp	rtant, in all cases of payment in cash perative to provide a copy of an identity document and, for persons unmarried/not bound by a registered rship, a certificate of civil status (to be requested from the commune of origin.)									



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Payment details (Please attach a payment slip or bank statement)																
IBAN		1 1		1									1			
Currency	CHF EUR															
Bank / Post										1-1			1		1	
Post code, City				-		1 1						. 1				
Account holder		1 1		-					-				1			
The signature of are married, both separated. It must be auth body.						and s			artner							
Date // Place	ormation provided above is in conformity with t	he trutl		ature	of the	e insui	red									