

Vested termination benefits

To be completed by the member

Name First: _____ name: _____

Full address: _____ Contract No: _____

Do you have an inability to work resulting from a disease or an accident? yes no

If yes, from which date? _____

Transfer of the vested termination benefit

a. Vested termination benefits must be paid to the pension fund of the new employer

New employer: _____

Pension fund: _____

b. The member wishes to withdraw his vested termination benefit in cash in accordance with Article 5 of the Federal Law on Vesting in Pension Plans (LFLP/FZG).

I am leaving Switzerland permanently for: a member state of the EU or EFTA another country

Name of country: _____

When leaving Switzerland permanently for a member state of the EU or EFTA, the minimum LPP/BVG portion will be disbursed in cash upon presentation of a certificate confirming that the exiting member is not subject to compulsory social insurance in his new country of residence. This certificate may be obtained from the LPP/BVG Guaranty Fund, PO Box 1023, 3000 Berne (phone: 031 381 79 71). Attach a certificate of residence abroad, and a certificate from the residents' registration office (contrôle des habitants or Einwohnerkontrolle) of the last place of residence in Switzerland.

c. I am becoming self-employed. (Attach a self-employment certificate issued by the AVS/AHV compensation fund)

If the vested termination benefits are withdrawn in cash, attach an individual civil status certificate in the case of a single member or, for divorced members, a copy of the divorce decree.

Has the member purchased any insurance years since 1 January 2006? yes no

For married members, the spouse or registered partner is required to give his/her consent for a cash payment (certified signature).

Place and date:

Signature of the spouse or registered partner:

Payment instructions:

d. The member declares that she/he has no new employer and wishes to maintain his/her pension coverage on a vested benefits account with:

the Banque Cantonale du Valais

a bank of his/her choice. Name and address of bank: _____

in the form of a blocked termination benefits policy. Name of insurance company: _____

Attach a copy of the account opening form or of the blocked termination benefits policy.

Place and date:

Member's signature: