

Notice of departure to be completed by the insured person

Employer

Company name: _____ Contract No.: _____

Insured person

Name: _____ Social insurance No.: 756. _____

First name: _____ Date of birth: _____

Address: _____ Marital status: _____

Postcode/Town: _____ Telephone No.: _____

Email: _____ Date of departure: _____

Do you have your full working capacity on the date of departure? ☐ yes ☐ no

If not, since when? _____

Have you repurchased any pension contributions in the last three years? ☐ yes ☐ no

Transfer of vested termination benefits

☐ Payment to the pension fund of your new employer

New employer: _____

Pension fund: _____

Payment details (IBAN): _____

☐ Payment on a vested benefits account with a bank or insurance company*

☐ Option Vested Benefits (minimum vested benefits: CHF 30,000)

☐ Banque Cantonale du Valais (savings solution)

☐ Bank or insurance company (please enclose a copy of the account opening form)

Name and address: _____

Payment details (IBAN): _____

** The legal provisions of the LPP/BVG provide that when a person loses his or her employment after the age of 58, insured persons may maintain their pension contributions with their last pension fund. The insured person must send a request in writing.*

Request for a cash payment (Article 5 of the Federal Law on Vesting in Pension Plans LFLP/FZG)

If you request a cash payment, you will receive additional information from us by post.

☐ Permanent departure from Switzerland to:

☐ a member state of the EU or EFTA (name of country): _____

☐ a non-member state of the EU or EFTA (name of country): _____

☐ I am becoming self-employed as a main activity

With his/her signature, the policyholder expressly authorises the foundation to share the information required for the transfer of his/her benefit.

Place and date:

Signature of the insured person: