

Application for cash payment of the vested benefit

Employer / pension fund

Pension plan

category

Insured person

Name

First name

Date of birth

Civil status

single married divorced widowed
 registered partnership dissolved partnership

Social security number

756.

Street, no.

Postcode, City

Discharge per

Reason for payout

- a) the vested benefit is less than my personal annual contribution (also applies when leaving the country in an EU or EFTA country of residence)
- b) Taking up self-employment as a main occupation
- c)* definitive departure from Switzerland to a non-EU or EFTA state
- d)* definitive departure from Switzerland to an EU or EFTA state
- 1) Cash payment of the extra-mandatory part of the vested benefit
- 2) Cash payment of the entire vested benefit
(only against proof according to the conditions on page 2, d) point 2)

For c-d): Please enter your new home address:

Street, no.

Postcode, town,
country

Documents to be attached to this application

for a - d)

- For single, divorced and widowed insured persons and for insured persons in a dissolved partnership:
 - current civil status certificate
- For married insured persons or persons in a registered partnership:
 - the signature of the spouse/registered partner, officially certified.
(this form can be used directly for it)

for b)

- Confirmation from the AHV compensation fund regarding the start of self-employment
- Form "Taking up a self-employed activity as a main occupation
- Documents proving self-employment (e.g. invoices, extract from the commercial register, rental contract)

for c)

- Confirmation of deregistration from the municipality of residence

for d)

1)

- Confirmation of deregistration from the municipality of residence

2)

- Confirmation of deregistration from the municipality of residence
- Confirmation by the BVG Guarantee Fund that there is no obligation to pay social security contributions
The application form can be found at www.verbindungsstelle.ch

Payout address

(Please enclose payment slip)

Bank / Mail / Insurance
(Name, Address)

according to

account number

Clearing/BLZ

SWIFT code

IBAN No. / Postal account No.

Place

Date

Signature of resigning person

Consent of the spouse or registered partner

Place

Date

Signature of spouse/registered partner

The authenticity of the signature of the spouse or registered partner is certified

Place

Date

Authentication by official authority *

* The authentication of the signature must not be older than 6 months by the payout date.