

Exit notification

For early or partial retirement, please use the form notification retirement.

For information on maintaining pension protection, please refer to the Exit information sheet.

Employers

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.

Postal code, place

Discharge per

Fully fit for work and employable per leaving date

yes no

* Please enclose the form Reporting disability of the reinsure.

Leaving due to staff reduction or restructuring

yes no

Place,

Date,

Signature of employer

Information on the use of the vested termination benefit

If the information on the use of the vested benefits is omitted, the Independent Joint Foundation Zurich UGZ transfers the vested benefits to Stiftung Auffangeinrichtung BVG by law.

Insured person

Name, first name	
street, No., postal code / Place	
Contact address for queries during the day (e-mail or telephone number)	

For persons who have exceeded the earliest possible regulatory retirement age (normally beginning from age 58)

Will the employment be continued?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have a new employer?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If you do not have a new employer, have you already registered with an unemployment insurance fund?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Transfer to a new pension scheme

New employer	
Street, No.	
Postal code, place	
New pension scheme	
Contract number	
Street, Np.	
Postal code, place	
Bank / Post Office (name, adresse)	
IBAN number / postal account	

Please enclose payment slip

Establishment of a vested benefits account or vested benefits policy

Preservation of pension protection	<input type="checkbox"/> Vested benefits account	<input type="checkbox"/> Vested Benefits Policy
Bank / Post Office / Insurance (name, address)		
IBAN number / postal account		

Please enclose payment slip

Cash payment

Please complete the form "Cash payment of the vested benefits". Explanations on the cash payment can be found in the information sheet "Cash payment of the vested benefits".

Signature of the insured person

Place,

Date,