

Information on the use of the vested benefits

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.

Employers	Pension plan
<input type="text"/>	<input type="text"/>
	category
	<input type="text"/>

Insured person

Name	<input type="text"/>
First Name	<input type="text"/>
Date of birth	<input type="text"/>
Civil status	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership
Social security number	756. <input type="text"/>
Street, No.	<input type="text"/>
Postal code, place	<input type="text"/>
Address for further questions during the day (E-Mail or phone number.)	<input type="text"/>

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 employerr	<input type="text"/>
street, no.	<input type="text"/>
Postal code, place	<input type="text"/>
New pension scheme	<input type="text"/>
Contract number	<input type="text"/>
Street, no..	<input type="text"/>
Postal code, place	<input type="text"/>
Bank / Post Office (name, address)	<input type="text"/>
IBAN number / postal account	<input type="text"/>

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-Nr.		

Please enclose payment slip

Cash payment

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

Place,	Signature of the insured person
Date,	