

**Instructions for transfer upon leaving**  
(This form must be completed by the person leaving)

**Insured person**

Last name \_\_\_\_\_

First name \_\_\_\_\_

Street / no. \_\_\_\_\_

Country, post code, town \_\_\_\_\_

Date of birth \_\_\_\_\_

I am married / in a registered partnership  yes  no

Are you fully capable for work?  yes  no

If not, cause  illness  accident

Degree of incapacitation \_\_\_\_\_ % since \_\_\_\_\_ % since \_\_\_\_\_

**Part A Transfer to pension fund of the new employer**  
(If possible, enclose paying-in slip. Thank you.)

Name, place of new employer \_\_\_\_\_

Name and address of new pension fund \_\_\_\_\_

Post office account or IBAN number \_\_\_\_\_

Name of bank, place \_\_\_\_\_

IBAN number and BIC \_\_\_\_\_

**Part B Transfer to a vested benefits account / policy**  
(Please enclose copy of application to open the account / policy. Thank you.)

Name and address of vested benefits institution \_\_\_\_\_

Post office account or IBAN number \_\_\_\_\_

Name of bank, place \_\_\_\_\_

IBAN number and BIC \_\_\_\_\_

**Part C Cash disbursement**

- I am leaving Switzerland permanently and am moving to \_\_\_\_\_ (country) on \_\_\_\_\_ (date). (Please enclose confirmation of departure from the authorities of the commune where you live. If you are moving to a EU / EFTA Member State, please note the information on the leaflet.)
- I am a cross-border commuter and confirm that I am definitively giving up employment in Switzerland. (Please enclose confirmation that you have surrendered your cross border commuter's permit.)
- I am taking up self-employment in Switzerland as my primary source of earnings and am no longer subject to the requirement of a compulsory occupational benefits scheme. (Please enclose confirmation from the AHV compensation office responsible; the start of self-employment must not have been more than one year ago.)
- My vested benefits are less than a personal annual contribution.

Have you pledged benefit entitlements?

- no     yes, please indicate address of the creditor \_\_\_\_\_

The vested benefits are to be transferred as follows:

Post office account or IBAN-Nr. \_\_\_\_\_

Name of bank, place \_\_\_\_\_

IBAN no. and BIC \_\_\_\_\_

In the case of a cash payout we need

- a current certificate of marital status from unmarried persons. This can be obtained from the register office of the place where you live. Foreign citizens resident in Switzerland are requested to contact their embassy or consulate.
- the consent of the spouse or partner from married persons or persons in a registered partnership. If the amount paid out exceeds CHF 5000, the consent must be signed and authenticated before an official person or a notary. The authentication must be made on this form below.

The person leaving confirms that the details are correct and complete:

\_\_\_\_\_

Place, date

\_\_\_\_\_

Signature of insured person

⇒ **Only to be completed in the case of a cash disbursement**

The spouse / registered partner consents to the cash disbursement:

\_\_\_\_\_

Place, date

\_\_\_\_\_

Signature of spouse / registered partner

Official authentication of the signature of the spouse / registered partner, only for a cash payout **over** CHF 5'000

\_\_\_\_\_

Place, date

\_\_\_\_\_

Stamp, signature