

# REQUEST FOR TRANSFERT OF THE EXIT BENEFIT



Company: ..... Contract no: .....

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## Personal data of the insured person

Name and first name: ..... Date of birth: .....

NSS : ..... Gender :  M  F

Address: .....

Tel. Private/mobile: .....

Civil status, from: .....  single  married  divorced

bound by a registered partnership  partnership dissolved  widow (er)

Name and first name of spouse: ..... Date of birth .....

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## Indications concerning exit

**Date of exit** (salary paid until): .....

Is the insured person unable to work due to illness or accident?  yes  no

If yes, please give some details (dates, causes, etc.): .....

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## Instructions for the transfer

Name and address of the new employer: .....

Name and address of the new pension fund or vested benefits foundation .....

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## Address for payment (Please enclose a payment slip if possible)

IBAN (max. 34 digits): .....

Bank / Post (name, postcode, place, country): .....

Account holder: .....

SWIFT code (bic): ..... Clearing/BC: .....

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Place and date: ..... Signature of the insured person: .....

# REQUEST FOR TRANSFERT OF THE EXIT BENEFIT



## Indication regarding the transfer

Please pay me my exit benefit in cash because:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>I am leaving Switzerland definitively</b><br><b>Foreign nationals:</b><br>Enclose an attestation of cancellation of the residence permit as well as an attestation of residence in the new domicile<br><b>Cross-border workers:</b><br>Enclose an attestation of cancellation of cross-border permit as well as an attestation of residence<br><b>Swiss citizens:</b><br>Enclose an attestation of departure from the Cantonal Population Office as well as an attestation of residence of the new domicile | <input type="checkbox"/> <b>I am becoming self-employed</b><br>Enclose an attestation of affiliation to an AVS fund as an independent and a mail signed by the insured person attesting that this is his principal activity<br><b>In event of buyback:</b><br>Enclose a copy of the tax attestation 21EDP | <input type="checkbox"/> <b>my exit benefit is lower than the annual amount of my contributions (annual contributions of insured)</b><br><br><b>For persons not married/ not bound by a registered partnership:</b> it is essential to provide a certificate of civil status (to be requested from the commune of origin) |
|---|---|---|

*I elect domicile in a member country of the EU or of EFTA. The non-compulsory part of the vested benefit can be paid in cash. We invite you to provide us with proof of the opening of a vested benefit account so that we can make the payment. The necessary request form for the payment in cash of the compulsory part of the benefit (minimum as per the LPP) can be obtained from the Organe de liaison Fonds de garantie LPP (Liaison Body of the LPP Guarantee Fund. I do not elect domicile in a member country of the EU or EFTA: the whole of the vested benefit can be paid in cash.*

## Address for payment

IBAN (max. 34 digits): .....

Bank / Post (name, postcode, place, country): .....

Account holder: .....

SWIFT code (bic): ..... Clearing/BC: .....

**I declare that all the information provided above corresponds to the truth.**

Place and date: .....

Signature of the insured person

Place and date: .....

Signature of notified spouse/registered partner/ live-in companion

## Authentication of the signature of the notified spouse /registered partner/live-in companion (only in case of payment in cash)

The signature of the notified spouse/registered partner/live-in companion must be authenticated either by an official body (Justice of the Peace, passport service, local police) or by a notary.

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Seal and signature of the official body