

Tellco pk

Bahnhofstrasse 4 Postfach 434 CH-6431 Schwyz

t +41 58 442 50 00 info@tellcopk.ch tellco.ch

Departure Notification / Registration for continuation

To be filled out by the previous employer

Employer		Contract no.
Details about t	the departing person	
Mr	Ms (for women also name before marriage)	
Surame		First name
Street		Postcode, Place
Insured no.		Marital status
Phone		Date of marriage
Email		
Date of departu	ure	Departure due to: Premature retirement
	g person fully able to work? ease complete the absence notification electronica	Yes No ally via www.tellco.ch.
Place, Date		Employer's signature
Option availabl was terminate receive a bene agreement. Th termination of voluntary termi the employee consurance cove employment occontinued insuleaving the continued of the continued insuleaving the	ed by their employer (please furnish evidence) are fit from the Foundation for Flexible Retirement in the option of taking out continued insurance under the employment relationship cannot be personally ination on the part of the employee, upon the expiration conclude a termination agreement [and the contrier is not an option if Tellco pk does not receive the exportant. The insured person finances the entire as	ce scheme after they turn 58 because their employment contract and who are not joining any new pension fund or for persons who the Construction Industry (FAR Foundation) or a similar collective Article 47a of the OPA is thus only possible if the reason for the y attributed to or blamed on the employee (except in the case of tion of a temporary employment relationship or if the employer and act was terminated on the employee's own initiative]). Continued registration form no later than 30 days after the termination of the nnual contribution (employer and employee contribution) for the ible. (cf. supplementary regulations on continued insurance after G)
Signature		
Place, date		Insured person

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Departure Notification To be filled out by the departing person

Surname	е	First name	
Employe	er	Contract no.	
Use of th	ne departur	re payment	
•	•	ct to compulsory employee benefits insurance, we are obliged to transfer the vested benefits to the pensiver. In this case we would ask you to complete section 1.	ion fund
		ts cannot be transferred to a new pension fund, please complete one of sections 2 – 4. If the vested bene (section 4), you must complete and sign the «Application for cash payment / transfer» form.	efits will
Benefits	Foundation	any instructions regarding the use of the vested benefits, we will transfer the vested benefits to the Telloca (for amounts exceeding CHF 20,000) or to the National Substitute Pension Plan at the earliest six mont the vested benefits statement.	
1		ture payment should be transferred to the new pension fund. ach a deposit slip for the new pension fund.	
New em	ployer		
Street		Postcode, Place	
New pen	nsion fund		
Street		Postcode, Place	
Bank / Po	ost		
IBAN		Postcode, Place	
2	Foundation	ture payment is to be transferred to a vested benefits account at Tellco Vested Benefits n (www.tellco.ch). You can open the account directly online with the Tellco ePlix web-app w minutes and benefit from a preferential interest rate as well as numerous other investment	
3	Please atta	ture payment is to be transferred to a vested pension benefits account of another pension fund. ach a copy of the application form for the opened vested pension benefits account and a deposit slip w pension fund.	
Pension	fund		
Bank / Po	ost	Postcode, Place	
IBAN			
4		ture payment is to be made in cash. e you should please also complete the «Application for cash payment / transfer» form.	
Place, Da	ate	Signature of the departing person	

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