

Application for cash payment / transfer

Insured

Mr Ms

Surname

Street

Telephone

Date of birth

Marital status

Account no.

First name

Postcode, Place

E-Mail

Insured no.

Date of marriage

Transfer to new pension scheme (pension fund, vested benefits foundation)

Please enclose a payment slip from the new pension scheme.

New employer

New pension scheme

Bank

Postcode, Place

Contract no.

Account no. / IBAN

Cash payment of vested benefits

Reason for payment

Required documents

Leaving Switzerland or the Principality of Liechtenstein permanently

Confirmation of departure from the most recent Swiss municipality of residence (not older than 6 months) or current certificate of residence; copy of passport

Self-employment

Recent confirmation from the OASI compensation office that the insured has taken up self-employment as their **primary source of income**, or a copy of the most recent OASI funding confirmation with declared OASI gross income, not older than one year

Vested benefits amount to less than one annual contribution

Copy of current pension certificate or salary statement

Reaching the statutory retirement age
(at the earliest 5 years before, at the latest 5 years after)

If domiciled abroad:
current certificate of residence

Death of the insured

To be proven by the beneficiaries by submitting a death certificate, certificate of inheritance and family certificate

Recipient of a full disability pension from the Federal Disability Insurance (IV)

Copy of latest pension notification from the Federal Disability Insurance (IV)

Regulations according to marital status

Required documents

-
- | | |
|-------------------------------------|--|
| – Married or registered partnership | Written consent of spouse or partner and official certification of both signatures |
|-------------------------------------|--|
-
- | | |
|--|--|
| – Divorced persons or persons whose partnership has been legally dissolved | Copy of divorce settlement or court order regarding dissolution of partnership |
|--|--|
-
- | | |
|---|---|
| – Persons who are single or who live in an unregistered partnership | Official certificate of marital status (not older than 1 month) |
|---|---|
-

The insured declares:

- that he / she has not purchased any additional benefits from an occupational pension fund in the last 3 years
 - that he / she has purchased additional benefits from an occupational pension fund as confirmed by the enclosed certificate (enclose certificate)
-

Banking details

Please enclose a payment slip.

Bank/Post Office	<input type="text"/>	Postcode, Place	<input type="text"/>
Account no.	<input type="text"/>	IBAN	<input type="text"/>

Signature/s

Place, Date	<input type="text"/>	Insured	<input type="text"/>
-------------	----------------------	---------	----------------------

I agree to the cash payment.	Spouse or registered partner
	<input type="text"/>

- Official certification of both signatures (for cash payments)

(Justice of the peace, notary public or municipality of residence)