



→ Please send the completed and signed form together with the necessary documentation to:

Stiftung Auffangeinrichtung BVG
Vested Benefits Accounts
P.O. Box
8050 Zurich

POFICHBEXXX (SWIFT)
CH50 0900 0000 8001 30227 (IBAN)

www.chaeis.ch

+41 44 468 22 22 (Tel.)
Telephone service (Mon. to Fri.)
8 a.m. to midday/1.30 p.m. to 5
p.m.

Application

Cash payout due to self-employment

Your vested benefits have a value less than CHF 20,000.00

Note: Please complete the form electronically

Personal details	
Vested benefits account No. (if known):
Surname:
First name:
Street, No.:
Postcode, town, country:
Tel.:
E-mail:
Date of birth:
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
OASI (AHV/AVS) No.:
Marital status:	<input type="checkbox"/> single
	<input type="checkbox"/> married/registered partnership since (date):
	<input type="checkbox"/> divorced/dissolved partnership since (date):
	<input type="checkbox"/> widowed since (date):

Payment address

Bank account Post office account

Account number:

Name of the bank:

Street, No.:

Postcode, town:

IBAN:

SWIFT/BIC:
(mandatory for payment abroad)

The financial institution must accept CHF

Account in the name of: Surname, first name:

Street, No.:

Postcode, town,
country:

Details of place of residence

At the time of payout my main place of residence is:

in Switzerland outside Switzerland

Confirmation regarding my self-employment

I herewith confirm that I take up a self-employed activity on a regular basis, that I invest the full amount of the vested benefits in my own company and that I am no longer subject to the compulsory occupational pension provision.

Place, date: Signature:

or

I hereby confirm that the above mentioned is not the case. The reason will be explained separately below.

Place, date: Signature:

Confirmations

I, as the account holder, hereby confirm with my signature that the information provided is complete and correct.

Surname, first name:

Place, date: Signature:

I, as the spouse/registered partner of the account holder, hereby confirm with my signature my agreement with the request.

Surname, first name:

Place, date: Signature:

Documentation required

Please send us the following additional documents so that we can process your application:

- *Copy of your OASI (AHV/AVS) card*
- *Copy of your identity card or passport*
- *If you are married or in a registered partnership: copy of the identity card or passport of your spouse/registered partner and copy of your marriage certificate/partnership certificate*
- *If you are divorced or your partnership has been dissolved: copy of the complete, legal divorce decree/decree dissolving your partnership*
- *Current confirmation from the OASI (AHV/AVS) compensation fund that you are self-employed*

We may need additional information and documents. We will contact you if this is the case.