



→ 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.aeis.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 retirement

### 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 payment of the balance will be made in Swiss francs. However, the balance will be converted into the currency of the bank's destination country.

Process the payment exclusively in Swiss francs (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

### 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/decreed dissolving your partnership*

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