



→ 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 of entire vested benefits due to emigration

### 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:

M

F

OASI (AHV/AVS) No.:

.....

Marital status:

single

married/registered partnership since (date):

.....

divorced/dissolved partnership since (date):

.....

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

## Declaration

I hereby confirm that

I have left or will leave Switzerland permanently and will no longer work in Switzerland in the future

Date of definitive departure: .....

Name of new country: .....

as a former cross-border commuter I will no longer work in Switzerland in the future

Date of cancellation of cross-border commuter permit: .....

## 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*
- *Copy of the confirmation of de-registration from your last municipality of residence in Switzerland or copy of the cancellation of your cross-border commuter permit*
- *Original of your current confirmation of place of residence (not more than three months old)*
- *If you emigrated to an EU/EFTA state after 1 June 2007 or after 1 June 2009 or after 1 January 2017, we also need the following document:*
  - *Confirmation from the Guarantee Fund that you are not subject to social insurance obligations in the destination country. The form for clarification can be found at [www.verbindungsstelle.ch](http://www.verbindungsstelle.ch). Please send the completed form to the following address: Liaison Office, LOB Guarantee Fund, Business Office, P.O. Box 1023, CH-3000 Berne 14*

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