



→ 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 self-employment

Your vested benefits have a value greater 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

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:

Certification of signatures

(→ by municipality or notary)

The undersigned hereby certifies the authenticity of the account holder's signature above.

Surname, first name:

Place, date: Signature, stamp:

The undersigned hereby confirms the authenticity of the signature of the account holder's spouse/registered partner above.

Surname, first name:

Place, date: Signature, stamp:

Documentation required

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

- *Copy of your OASI (AHV/AVS) card*
- *If you are married or in a registered partnership: 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 and current certificate of civil status (not more than three months old)*
- *If you are single or you are widowed: current certificate of civil status (not more than three months old)*
- *Current confirmation from the OASI (AHV/AVS) compensation fund that you are self-employed (not more than three months old)*

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