



→ 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 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 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

## 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.**