



→ 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 invalidity

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 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

## 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)*
- *Copy of the current invalidity insurance decision*

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