

# Stiftung Auffangeinrichtung BVG

## Vested benefits accounts



→ 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](http://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.

## Notification Death

**Note:** Please complete the form electronically

Correspondence address (name and address of the notifying person)	
Surname:	.....
First name:	.....
Street, No.:	.....
Postcode, town, country:	.....

### Personal details of the deceased account holder

Vested benefits account

No. (if known):

Surname:

First name:

Street, No.:

Postcode, town, country:

Date of birth:

Gender:

F

M

OASI (AHV/AVS) No.:

Marital status:

single

married/registered partnership since (date):

divorced/dissolved partnership since (date):

widowed since (date):

Previous marital statuses:

Marital

status:

from (date):

to (date):

Marital

status:

from (date):

to (date):

Marital

status:

from (date):

to (date):

### Documentation required

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

- *Copy of death certificate*
- *Certificate of the registered civil status of the deceased person (available at the community of the place of origin).  
Note: The family certificate or the family booklet do not replace this document.*
- *Copy of the certificate of inheritance or (if the inheritance has been declined) official list of heir*
- *Details of the beneficiaries (see following forms)*

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

**Details of beneficiary 1**  
**Please complete this section for each beneficiary**

Relation to account holder: .....

Surname: .....

First name: .....

Date of birth: .....

OASI (AHV/AVS) No.: .....

Marital status: .....

Street, No.: .....

Postcode, town, country: .....

Tel.: .....

E-mail: .....

At the time of payout my main place of residence is:

in Switzerland       outside Switzerland

Details of paying agent:

Bank account       Post office account

Account number: .....

Name of the bank: .....

Street, No.: .....

Postcode, town: .....

IBAN: .....

SWIFT/BIC: .....

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: .....

I, as the beneficiary, hereby confirm that the information provided is complete and correct.

Place, date: ..... Signature: .....

**Details of beneficiary 2**  
**Please complete this section for each beneficiary**

Relation to account holder: .....

Surname: .....

First name: .....

Date of birth: .....

OASI (AHV/AVS) No.: .....

Marital status: .....

Street, No.: .....

Postcode, town, country: .....

Tel.: .....

E-mail: .....

At the time of payout my main place of residence is:

in Switzerland                       outside Switzerland

Details of paying agent:

Bank account                       Post office account

Account number: .....

Name of the bank: .....

Street, No.: .....

Postcode, town: .....

IBAN: .....

SWIFT/BIC: .....

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: .....

I, as the beneficiary, hereby confirm that the information provided is complete and correct.

Place, date: ..... Signature: .....

**Details of beneficiary 3**  
**Please complete this section for each beneficiary**

Relation to account holder: .....

Surname: .....

First name: .....

Date of birth: .....

OASI (AHV/AVS) No.: .....

Marital status: .....

Street, No.: .....

Postcode, town, country: .....

Tel.: .....

E-mail: .....

At the time of payout my main place of residence is:

Details of paying agent:  in Switzerland                       outside Switzerland  
 Bank account                                       Post office account

Account number: .....

Name of the bank: .....

Street, No.: .....

Postcode, town: .....

IBAN: .....

SWIFT/BIC: .....

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: .....

I, as the beneficiary, hereby confirm that the information provided is complete and correct.

Place, date: ..... Signature: .....