



## Application

### Cash payout due to retirement

Your vested benefits have a value greater than CHF 20'000

Please fill in this form digitally or in clear block capitals.

#### Personal details

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Vested benefits account No. (if known) \_\_\_\_\_

Surname \_\_\_\_\_

First name \_\_\_\_\_

Street, No. \_\_\_\_\_

Postcode, town, country \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender ☐ f ☐ m

OASI (AHV/AVS) No. \_\_\_\_\_

Marital status ☐ single

☐ married/registered since (date) \_\_\_\_\_  
partnership

☐ divorced/dissolved since (date) \_\_\_\_\_  
partnership

☐ widowed since (date) \_\_\_\_\_

## Payment address

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☐ Bank account    ☐ Post office account

Account number \_\_\_\_\_

Name of the bank \_\_\_\_\_

Street, No. \_\_\_\_\_

Postcode, town, country \_\_\_\_\_

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.

☐ 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

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At the time of payout my main place of residence is

☐ in Switzerland    ☐ outside Switzerland \_\_\_\_\_

## Account holder confirmation

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By signing, I confirm that the information provided is complete and correct.

Surname, first name \_\_\_\_\_

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

## Partner confirmation (marriage or registered partnership)

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By signing, I give my consent to the account holder's request.

Surname, first name \_\_\_\_\_

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

### **Certification of signatures by municipality or notary**

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

Surname, first name \_\_\_\_\_

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature and stamp

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

Surname, first name \_\_\_\_\_

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature and stamp

### **Documentation required**

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

- 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/decreed 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)

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



Stiftung Auffangeinrichtung BVG  
Fondation institution supplétive LPP  
Fondazione istituto collettore LPP

**Confidential**

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Please enclose this cover sheet with the documents you return to us. Thank you.

When returning your documents, please do not use paper clips, staples, or adhesive tape.

