



Application

Cash payout of non-compulsory vested benefits due to emigration

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

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

Personal details

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

☐ 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

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 _____

Account holder confirmation

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

Surname, first name _____

Place, date

Signature

Partner confirmation (marriage or registered partnership)

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

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

Surname, first name _____

Place, date

Signature and 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 and stamp

Documentation required

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 widowed: current certificate of civil status (not more than three months old)
- 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)

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.

