Stiftung Auffangeinrichtung BVG
Fondation institution supplétive LPP
Fondazione istituto collettore LPP

Application
Cash payout of entire 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 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, 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 certifies the authenticity of the signature of the account holder's 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/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 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.sfbvg.ch/en/.

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

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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.