Stiftung Auffangeinrichtung BVG
Fondation institution supplétive LPP
Fondazione istituto collettore LPP

Notification
Death

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

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 _____ (date) from _____ to _____

Marital status _____ (date) from _____ to _____

Marital status _____ (date) from _____ to _____

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
- Paying-in slips of the entitled beneficiaries
- 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 _____

Street, No. _____

Postcode, town, country _____

Phone number _____ E-mail _____

Date of birth _____ Gender ☐ f ☐ m

OASI (AHV/AVS) No. _____

Marital status _____

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 _____

Confirmation of beneficiary

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 _____

Street, No. _____

Postcode, town, country _____

Phone number _____ E-mail _____

Date of birth _____ Gender ☐ f ☐ m

OASI (AHV/AVS) No. _____

Marital status _____

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 _____

Confirmation of beneficiary

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 _____

Street, No. _____

Postcode, town, country _____

Phone number _____ E-mail _____

Date of birth _____ Gender ☐ f ☐ m

OASI (AHV/AVS) No. _____

Marital status _____

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 _____

Confirmation of beneficiary

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

_____ _____

Place, date Signature

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Confidential
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SWITZERLAND

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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.