Stiftung Auffangeinrichtung BVG
Fondation institution supplétive LPP
Fondazione istituto collettore LPP

Application
Cash payout due to self-employment

Your vested benefits have a value less 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 _____

Confirmation regarding my self-employment

I herewith confirm that I take up a self-employed activity on a regular basis, that I invest the full amount of the vested benefits in my own company and that I am no longer subject to the compulsory occupational pension provision.

_____ _____

Place, date Signature

or

I hereby confirm that the above mentioned is not the case.

Explanation _____

_____

_____

_____ _____

Place, date Signature

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

Documentation required

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

- Copy of your identity card or passport
- If you are married or in a registered partnership: copy of the identity card or passport of your spouse/registered partner and 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
- Current confirmation from the OASI (AHV/AVS) compensation fund that you are self-employed
- Paying-in slip

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

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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.