



Application

Cash payout due to retirement

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 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 _____

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/decreed dissolving your partnership

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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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.

