asga

Rosenbergstrasse 16
Postfach, 9001 St.Gallen

T +41 71 228 52 52
F +41 71 228 52 55

info@asga.ch
www.asga.ch

Termination Report by Employer

Please complete in capital letters. Completely filled out forms will save you and us extra work.
The employer is responsible for the timely delivery of the termination report to Asga Pension Fund.

☐ **Pensionskasse (Pension fund)** ☐ **Vorsorgestiftung (Pension foundation)**

Note for the employer:

- *In case the new employer is known: Enclose the form "Utilisation of the Termination Benefit" or the payment confirmation.*

☐ **Early retirement** ☐ **Deferred retirement** ☐ **Exiting the pension fund** ☐ **Death**

1. Company

Name	
Member/contract no.	

2. Insured person

Name	First name	
Social security number		
Birth date	Gender	☐ m ☐ f
Street, no.	ZIP code	City
Country		
Mobile telephone	Email	
Civil status	☐ single	☐ registered partnership
	☐ married	☐ divorced ☐ widowed

3. Termination

Withdrawal date	

Comments

Please pay particular attention to the following page.

4. Confirmation Work Ability

The employer confirms that the insured person is or was fully able to work at the time of employment termination. ☐ yes ☐ no

Place Date

Stamp and signature of the company

▸ *Please send us this form filled out and signed to Asga, Postfach, 9001 St.Gallen.*