asga

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Payout of the Termination Benefit due to Marginal Employment

Please complete in capital letters. Completely filled out forms will save you and us extra work.

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

1. Insured person

Name	First name	
Social security number		
Member/contract no.		
Birth date	Gender	☐ m ☐ f
Street, no.	ZIP code	City
Phone private	Phone business	
Phone mobile	Email	

2. Wire transfer

Please transfer my termination benefit due to marginal employment as follows:

Payment address

Name of the bank		
Street, no.	ZIP code	City
Account holder		
IBAN	BIC-/Swift*	

** Mandatory for foreign financial institutes in Europe.*

Please state the post or bank account and also enclose the payment confirmation, if available.

Place | Date

Signature of the insured person

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