asga

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Contract information of the current pension fund

Please complete in capital letters. Point 2 to 6 need to be filled out by the current provision institution. Completely filled out forms will save you and us extra work.

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

To be completed by the company

1. Company/power of attorney

Name

Current Member/contract no.

Current Pension fund

The authorised representative of the company gives Asga and/or the broker/agent the consent to obtain the information on a possible contract transfer from the previous insurer.

Place | Date

Stamp and signature

To be completed by the previous pension fund

2. General questions

2.1	Can the contract be terminated by (date)?	☐ yes, until	☐ no, only after
2.2	Has the contract been terminated by you?	☐ yes, due to	☐ no
2.3	Is the company in arrears? If yes, how much is due?	☐ yes ☐ 1 quarter	☐ no ☐ 2 quarters or more

3. Treatment of Pensioners

If a contract is terminated,

3.1	are old-age and survivors' pensioners transferred to the new pension fund?	☐ yes	☐ no
3.2	are disability pensioners transferred to the new pension fund?	☐ yes	☐ no

▾ *Please pay particular attention to the following page.*

4. Notes on claims

4.1 Retirement and survivor benefits

Are there retirement benefits and/or survivor benefits that must be assumed in the event of a transfer based on the contract existing at the time of the contract termination? ☐ yes, amount _____ ☐ no

If yes, we require the following information per case: date of birth, gender, amount of annual pension, amount of loss reserve (as per contract termination date) and, for survivor benefits, additionally the date of birth of the pension recipient.

4.2 Disability benefits

Are there any disability benefits that must be assumed in the event of a transfer due to the contract existing at the time of termination? ☐ yes, amount _____ ☐ no

Are there any pending cases? ☐ yes, amount _____ ☐ no

If yes, we require the following information per case (per contract termination or expiry of waiting period for disability pension): Date of birth of pension recipient, gender, amount of annual disability pension, amount of savings premium waiver, amount of risk premium waiver, amount of loss reserve per benefit if the pension fund is not a member of the revolving door principle.

5. Continuing insurance for external insurees (pursuant to Art. 47a BVG)

Are there insured persons pursuant to Art. 47a BVG who must be taken over in the event of a transfer on the basis of the contract existing at the time of the contract termination? ☐ yes, amount _____ ☐ no

If yes, we require the following information per case: surname, first name, date of birth, gender, form of continued insurance (risk only / risk and retirement pension), annual salary and insured salary, last valid pension certificate, start of continuing insurance in accordance with Art. 47a BVG.

6. Insured persons with reservation

Are there insured persons who must be taken over in the event of a transfer on the basis of the contract existing at the time of the contract termination and a health reservation has been made in accordance with Art. 331c OR? ☐ yes, amount _____ ☐ no

If yes, we require the following information per case: surname, first name, date of birth, gender, duration and reason for reservation (copy reservation letter).

7. Actively insured persons with coordination pursuant to Art. 4 BVV 2 (coordinated salary of partially disabled insured persons)

Are there any insured persons who are actively insured, receive a partial disability pension from the IV and currently have a coordinated salary in accordance with Art. 4 BVV2? ☐ yes, amount _____ ☐ no

If yes, we require the following information per case: surname, first name, date of birth, gender, degree by which the marginal contributions were reduced. (Copy of the relevant IV decision).

8. Additional details

In the case of transfers of definitively decreed invalidity pensions among participants of the SVV/rotational tariff (revolving door principle), its guidelines apply; in all other cases, the following applies:

▾ *Please pay particular attention to the following page.*

The provision institution confirms the completeness of these details and submitted documents and acknowledges that any claims, which are not explicitly stated in these documents but have already been reported, cannot be transferred in case the pension fund is changed.

Please provide us with the last five years of claims history and a current retiree roster.

Comments (please state enclosures)

Place Date

Stamp and signature of the former provision institution

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