

# Termination Report

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)    Dienstleistungen AG (Services)

**i** Note for the employer:

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

## 1. Company

Name

Member/contract no.

## 2. Insured person

Name

First name

AHV no.

old AHV no. (if available)

Birth date

Gender

m    f

Street, no.

ZIP code

City

Phone private

Phone business

Phone mobile

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.