

# Declaration Concerning Cash Payout due to the Start of Self-Employment as a Main Occupation

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

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

## Remarks for self-employment

- ▶ With this form the assessment is made, if a payout is possible as a result of starting with self-employment as a main occupation.
- ▶ Self-employed are those people working in their own name and account as free entrepreneurs. The intention to start a self-employed activity is not sufficient for acceptance. The recognition as self-employed person requires that the applicant is performing a relevant activity, which appears in commercial trade.
- ▶ The start of self-employment must not reach back more than a year.
- ▶ The payout is at earliest arranged one day after exiting the pension fund and starting the self-employed activity.

## 1. Self-employed person

Name	First name	
AHV no.	old AHV no. (if available)	
Member/contract no.		
Birth date	Gender	<input type="checkbox"/> m <input type="checkbox"/> f
Street, no.	ZIP code	City
Phone private	Phone mobile	
Email		

## Details about the self-employment

Name of the company		
Street, no.	ZIP code	City
Sector of the company	Website	
Phone business	Email	



▼ Please pay particular attention to the following pages.


## 2. Main and supplementary occupation

Date of self-employment start

I am subordinated to the mandatory occupational pension ☐ as a main occupation ☐ as a supplementary

I am subordinated to the mandatory occupational pension ☐ yes ☐ no

 Please enclose the current confirmation of the AHV compensation fund with a statement of the self-employment as a main occupation.

 Please also enclose signed contracts with customers, quotations and invoices to customers as well as rental contracts for business premises.

## 3. The vested benefit credit needs to be transferred to the following address

### Payment address

Name of the institution Policy no.


Street, no. ZIP code City

Kontoinhaber/in

Street, no. ZIP code City

IBAN BIC-/Swift\*

\* Mandatory for foreign financial institutes in Europe.

 Please state the post or bank account, possibly also enclose the payment confirmation.

I filled out the questionnaire completely and truthfully and confirm that I performed no purchases in the pension fund in the last three years prior to exit. I acknowledge that there is a report by name to the Federal Tax Administration for cash payout of CHF 5,000.00 or more.

**I confirm the correctness of the stated details:**

Place Date

Signature of the beneficiary

Signature of the partner



▼ Please pay particular attention to the following page.

In the case of lump-sum payments of CHF 5,000 or above, we are required to obtain officially certified signatures from both spouses or registered partners. In the case of single, divorced or widowed persons, we require an up-to-date official confirmation of marital status. Signature certifications may be obtained from your municipality, a notary or – by arrangement – a branch of Asga Pensionsskasse.

#### 4. Certification of signatures of married persons and persons in a registered partnership in the case of a lump-sum withdrawal for over CHF 5,000.

We declare our consent with the cash payout - according to the details on the front page of this form:

Signature of the beneficiary

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Signature of the partner

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#### Certification of the two signatures

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Place

Date

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Competent authority

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#### 5. Confirmation of the civil status in singles, divorced and widowed persons

We confirm that Mr./Miss/Mrs. \_\_\_\_\_ is ☐ single ☐ divorced ☐ widowed

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Place

Date

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Competent authority

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