

Utilisation of the Termination Benefit

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

Pensionskasse (Pension fund) Vorsorgestiftung (Pension foundation) Dienstleistungen AG (Services)

i Note for the employee:

- ▶ You will receive a statement of the termination benefit you are entitled to.
- ▶ To ensure that your insurance cover continues to be as secure as possible, we kindly ask you to fill out and sign the return form below.
- ▶ If you are currently in no new employment relationship, the BVG National Substitute Pension Plan Foundation offers a voluntarily continued insurance. Further information can be found at:

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. Utilisation of the Termination Benefit

Please transfer my termination benefit to the pension fund of my new employer

Name of the new employer

Street, no.

ZIP code

City

Name of the new pension fund

Street, no.

ZIP code

City

Contract no.



▼ Please pay particular attention to the following page.

 **Payment address**

Name of the bank

Street, no.

ZIP code

City

Account holder

Street, no.

ZIP code

City

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.*

- As I am currently in no employment relationship, I kindly ask you to transfer my vested benefits to the following vested benefits account or the following vested benefits policy respectively:

 **Payment address**

Name of the institution

Policy no.

Street, no.

ZIP code

City

Account holder

Street, no.


ZIP code

City

IBAN

BIC-/Swift*

** Mandatory for foreign financial institutes in Europe.*


 *Please enclose the application or excerpt of the pension benefits account.*

You acknowledge and agree that we will transfer the vested benefits and interest at the earliest after 6 months, but no later than 2 years from the reporting date of the termination to BVG National Substitute Pension Plan Foundation, Vested Benefits Accounts, PO box, 8050 Zurich without your notice.

Place

Date

Signature of the insured person

 Further information and respective forms are available at: www.asga.ch



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