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: https://aeis.ch/en/individuals/alv-unemployment-insurance-voluntary

1. Company

Name

Member/contract no.

2. Insured person			
Name	First name		
AHV no.	old AHV no. (if available)		
Birth date	Gender	$\Box m \Box f$	
Street, no.	ZIP code	City	
Phone private	Phone business		
Phone mobile	Email		
Civil status	□ single □ registered partnership		ship
	\Box married	□divorced	\Box widowed

3. Utilisation of the Termination Benefit

 $\hfill\square$ 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 enter the post office or bank account and enclose a payment slip.				

□ 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

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

