

**Occupational pension plan  
Termination notice**

Company \_\_\_\_\_  
Contract no. \_\_\_\_\_ Insured person no.\* \_\_\_\_\_

\* Fields can be completed by Allianz Suisse Life

**Details of the departing employee** (→ to be completed by the employer)

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Street/no. \_\_\_\_\_ Postcode, city \_\_\_\_\_  
Date of birth \_\_\_\_\_ AHV no. \_\_\_\_\_  
 Single  Divorced<sup>1</sup>  Widowed<sup>1</sup>  
 Married since \_\_\_\_\_  In registered partnership since \_\_\_\_\_  
Termination date \_\_\_\_\_ (Date on which the legal contract of employment terminates)  
Is the person terminating membership fully fit for work on the date of leaving?  Yes  No<sup>2</sup>  
If **No**, due to  
 Illness  Accident  Maternity (maternity leave)  Illness related to pregnancy  
Level of unfitness for work \_\_\_\_\_% Unfit for work since \_\_\_\_\_

**Details on retention of pension cover** (→to be completed by the departing person or by the employer)

**Transfer of vested benefits to new employer's pension plan**  
(obligatory if entering into a new employment relationship)

New employer \_\_\_\_\_ Street/no. \_\_\_\_\_  
Contract no. \_\_\_\_\_ Postcode, city \_\_\_\_\_  
New employer's pension plan (please enclose paying-in slip):  
Pension plan \_\_\_\_\_ Postgiro account no. \_\_\_\_\_  
Name of bank, postcode, place \_\_\_\_\_  
Bank account no. or IBAN and BIC \_\_\_\_\_

**Retention of pension cover for departure benefits in a different form**

(if the person terminating membership is not entering into a new employment relationship but wishes to retain pension cover)

The departure benefits should be transferred to the following individually selected vested benefits institution (please enclose the application and paying-in slip):  
Name/address of the vested benefits institution: \_\_\_\_\_

If we are not notified of a new vested benefits institution, the departure benefits will be transferred to the BVG Substitute Occupational Benefit Institution (Stiftung Auffangeinrichtung BVG) at the earliest six months and at the latest two years after the employee's departure.

**Signatures**

The undersigned confirms that the above information is correct and complete

\_\_\_\_\_  
(Place and date)

\_\_\_\_\_  
(Signature of departing employee)

\_\_\_\_\_  
(Place and date)

\_\_\_\_\_  
(Stamp/signature of employer or foundation)

<sup>1</sup> applies *mutatis mutandis* to a conjugal union as well as a registered partnership

<sup>2</sup> If the case has not been reported yet, please complete the form entitled "Reporting incapacity or inability to work", sign it and return it to us.

**Application for cash payment**

(→ to be completed by the departing person)

Have you made tax-privileged buy-ins to the pension plan within the past three years?

 Yes       No      Date \_\_\_\_\_ amount CHF \_\_\_\_\_
I hereby request cash payment of the **full** vested benefits:

- Because I am moving from the economic area of Switzerland and the Principality of Liechtenstein to an EU or EFTA country and belong to **no** obligatory social security scheme; (please enclose official deregistration from your municipality of residence and the LOB Guarantee Fund Liaison Office's application form ([www.verbindungsstelle.ch](http://www.verbindungsstelle.ch)))
- Because I am definitively leaving the European economic area (EU or EFTA); (please enclose official deregistration from your municipality of residence)
- Because I am becoming **self-employed as a primary occupation\*** and am therefore no longer subject to the obligatory occupational pension scheme; (please enclose copy of confirmation from the AHV Compensation Office)
- Because the vested benefits are less than a full-year contribution (employee's contribution).  
(the annual amount is indicated on your personal statement of benefits)

\* Self-employed activity as a primary occupation,

- If no other employment activity is carried out;
- If another employment activity is also carried out, where the income and workload are less than for the declared self-employed activity.

I request cash payment of the **super-mandatory** portion of the departure benefits. For the obligatory portion I request that the pension cover be maintained in another form, in accordance with the information on page 1:

- Because I am moving from the economic area of Switzerland and the Principality of Liechtenstein to an EU or EFTA country and belong to the obligatory social security scheme in that country; (please enclose official deregistration from your municipality of residence)
- Because, as a cross-border commuter, I am giving up my employment in the economic area of Switzerland and the Principality of Liechtenstein; (please enclose confirmation from the Aliens' Registration Office)

**Address for transfer of cash payment**

(-&gt; Please include paying-in slip)

Postgiro account no. \_\_\_\_\_ Account holder \_\_\_\_\_

Bank account no. \_\_\_\_\_ Name of bank \_\_\_\_\_

Clearing no. \_\_\_\_\_ Postcode, city \_\_\_\_\_

IBAN and BIC \_\_\_\_\_

**Signatures for cash payment**

The undersigned confirms that the information disclosed is correct

\_\_\_\_\_  
(Place and date)\_\_\_\_\_  
(Signature of departing person)

The undersigned agrees/agree to the cash payment

\_\_\_\_\_  
(Place and date)\_\_\_\_\_  
(Signature of spouse or partner in a registered partnership)\_\_\_\_\_  
(Place and date)\_\_\_\_\_  
(Signature of the pledgee; if benefits are pledge for home ownership)**Enclosures for cash payment**

- Aforementioned enclosures
- A current official certification of marital status for single, divorced\* and widowed\* persons.
- Copy of a valid official document e.g. passport or identity card of the spouse\*. For capital payments of CHF 30,000 or more, the signature of the spouse\* must be officially authenticated or the form must be signed at an Allianz Suisse agency accompanied by the official documents.

\*applies *mutatis mutandis* to a conjugal union as well as a registered partnership**Note**

- Withdrawal of a lump sum is not permitted within 3 years of purchase. From the taxation point of view, it is irrelevant whether the lump sum results from the most recent purchase or – where an insured person has several concurrent pension arrangements – whether the lump sum is withdrawn from one and the same pension fund or from another.
- If, nevertheless, a withdrawal is made within the exclusion period, the tax deduction claimed on purchases is subsequently annulled by the competent tax authority by setting it off against the insured person's taxable income.
- If daily benefits are paid for unemployment in Switzerland, the departing person is entitled to the minimum occupational pension plan benefits in the event of death or disability. The full occupational pension plan benefits can be insured under the National Substitute Pension Plan.
- If a departing person leaves the collective foundation and leaves Switzerland (incl. Liechtenstein) for good in order to take up residence in an EU or EFTA country, the mandatory occupational pension plan component of his or her termination benefit is paid into a vested benefit policy provided he or she is subject to obligatory social security contributions in the new country of residence; the departing person cannot withdraw these funds in cash until five years or less before statutory retirement under the AHV. He or she may still request cash payment of the super-mandatory component provided the relevant requirements are met.

Please send this declaration to your support unit.