

## Occupational pension plan

### Termination notice / registration for continued insurance (Article 47a BVG)

Company	Contract no. *	Insured person no. *
<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Fields can be completed by Allianz Suisse Life

#### Personal details

Surname	First name
<input type="text"/>	<input type="text"/>
Street / no.	Postcode, town / city
<input type="text"/>	<input type="text"/>
Date of birth	AHV no.
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<input type="checkbox"/> Married since <input type="text"/> <input type="checkbox"/> In registered partnership since <input type="text"/>	
Termination date (date on which the employment contract legally terminates)	
<input type="text"/>	
Is the person fully fit for work at the time of his or her departure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>no</b> , due to <input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Maternity (maternity leave)	
<input type="checkbox"/> Illness related to pregnancy	
Level of unfitness for work (%)	Unfit for work since
<input type="text"/>	<input type="text"/>

#### Registration for continued insurance (Article 47a BVG)

To be completed by the insured person, if requested.

Possible for people who leave their compulsory insurance scheme after reaching the age of 58 because their employment relationship has been terminated by their employer (please enclose proof) and who are not joining a new pension fund. If the registration does not reach your pension fund by 30 days after the termination of your employment relationship at the latest, continued insurance is no longer possible. In continued insurance, the insured person must finance the entire annual contribution (employer and employee share) himself/herself. Please tick the relevant box to indicate which kind of continued insurance you would like to have:

☐ Savings and risk insurance    ☐ Risk insurance only

See the information sheet "Continued insurance after the age of 58, following termination of employment (Article 47a BVG)" at [allianz.ch/bvg-insureds](http://allianz.ch/bvg-insureds) and the Annex to the Pension Rules at [allianz.ch/bvg-documents](http://allianz.ch/bvg-documents) for more information.

#### 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	Contract no.
<input type="text"/>	<input type="text"/>
Street / no.	Postcode, town / city
<input type="text"/>	<input type="text"/>
New employer's pension plan (please enclose paying-in slip):	Postal account no.
Pension plan	<input type="text"/>
Name of bank, postcode, place	
<input type="text"/>	
Bank account no. or IBAN and BIC	
<input type="text"/>	

Retention of  
pension cover 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, we will transfer the departure benefits 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.

Data protection

Information on data protection, in particular on the uses and recipients of your data and on your rights, can be found in our data protection statement at [allianz.ch/privacy-policy](https://allianz.ch/privacy-policy).



Signatures

The undersigned confirms that the above information is correct and complete.

Place and date

Signature of departing employee/employee wishing to continue his/her insurance

Place and date

Stamp / signature of employer or foundation

## 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)

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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 ([verbindungsstelle.ch](http://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 one annual contribution (employee's contribution) (the annual contribution is indicated on your personal statement of benefits).

\* Self-employed activity qualifies as a primary occupation

- If no other employment activity is carried out;
- If another employment activity is also carried out but the income and degree of employment are less than for the declared self-employed activity.

I request cash payment of the elective portion of the departure benefits. For the compulsory 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 Foreigners' Registration Office).

## Address for transfer of cash payment

Please include paying-in slip.

Postal account no.

Account holder

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Bank account no.

Name of bank

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Clearing no.

Postcode, town / city

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IBAN and BIC

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## Signatures for cash payment

The undersigned confirms that the above information is correct and complete:

Place and date

Signature of departing person

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The undersigned agrees/agree to the cash payment:

Place and date

Signature of spouse or partner in a registered partnership

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Place and date

Signature of the pledgee; if benefits are pledged for home ownership

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## Note

- Withdrawal of a lump sum is not permitted within three years of a 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 will subsequently be 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 BVG benefits in the event of death or disability. The full BVG benefits can be insured under the Substitute Occupational Benefit Institution.
- 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 compulsory occupational pension plan component of his or her termination benefits is paid into a vested benefits 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 elective component provided the relevant requirements are met.

### 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 marriage and registered partnerships

Please send this declaration to your support unit.