

Request for cash withdrawal upon leaving

Contact in the event of questions:

Surname _____

First name _____

Leaving date _____

Date of birth _____

Tel. _____

E-mail _____

Please mark the appropriate box with an 'X' and complete the corresponding fields in full. Please submit all necessary documents with the application.

Start of self-employment

Self-declaration on my self-employment:

Main source of income? Yes No self-employed from _____

I hereby confirm that from the above date,

- my main source of income will be from self-employment;
- I will invest my entire vested benefit in my own company;
- I will no longer be subject to mandatory occupational benefits provision.

Required documentation:

- Confirmation of recognition of self-employment by the competent OASI compensation office (no older than three months)
- Single, divorced or widowed persons: marital status certificate or current certificate of residence, on which the current marital status is visible
- Married persons/registered partnership: copy of family certificate/same-sex partnership certificate

Moving abroad

If you move to an EU or EFTA country, the cash payment of the full amount is only possible if you are not subject to compulsory state insurance for disability, death and old age in your new place of residence.

New address abroad:

Street/No. _____

Postcode/town _____

Country _____

Moving abroad as of _____

Required documentation:

- Certificate of departure from the commune of domicile and/or certificate of arrival at the new place of residence
- Single, divorced or widowed persons: marital status certificate or current certificate of residence, on which the current marital status is visible
- Married persons/registered partnership: copy of family certificate/same-sex partnership certificate

□ Insignificance

If the termination benefit is less than one annual contribution of the insured person.

Required documentation:

- Single, divorced or widowed persons: marital status certificate or current certificate of residence, on which the current marital status is visible
- Married persons/registered partnership: copy of family certificate/same-sex partnership certificate

Payment details

The transfer will be made to the following account:

Name and address of the bank _____

Account details IBAN _____

Account holder _____

Place, date

Insured person's signature

Place/date

Signature of the spouse/registered partner*

*The signature must be officially certified or made in person in the Foundation's offices on presentation of a passport or identity card.

Please note:

Insofar as the vested benefit is pledged, the written consent of the pledgee is required for the cash payment.

Cash payments exceeding CHF 5,000 are reported to the Federal Tax Administration if there is no withholding tax liability.