



→ Please send the completed and signed form together with the necessary documentation to:

Stiftung Auffangeinrichtung BVG
Vested Benefits Accounts
P.O. Box
8050 Zurich

POFICHBEXXX (SWIFT)
CH50 0900 0000 8001 30227 (IBAN)

www.chaeis.ch

+41 44 468 22 22 (Tel.)
Office hours (Mon. to Fri.)
8 a.m. to midday/1.30 p.m. to 5 p.m.

Application

Cash payout due to invalidity

Your vested benefits have a value greater than CHF 20,000.00

Note: Please complete the form electronically

Personal details	
Vested benefits account No. (if known):
Surname:
First name:
Street, No.:
Postcode, town, country:
Tel.:
E-mail:
Date of birth:
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
OASI (AHV/AVS) No.:
Marital status:	<input type="checkbox"/> single
	<input type="checkbox"/> married/registered partnership since (date):
	<input type="checkbox"/> divorced/dissolved partnership since (date):
	<input type="checkbox"/> widowed since (date):

Payment address

Bank account Post office account

Account number:

Name of the bank:

Street, No.:

Postcode, town:

IBAN:

SWIFT/BIC:
(mandatory for payment abroad)

The financial institution must accept CHF

Account in the name of: Surname, first name:

Street, No.:

Postcode, town,
country:

Details of place of residence

At the time of payout my main place of residence is:

in Switzerland outside Switzerland

Confirmations

I, as the account holder, hereby confirm with my signature that the information provided is complete and correct.

Surname, first name:

Place, date: Signature:

I, as the spouse/registered partner of the account holder, hereby confirm with my signature my agreement with the request.

Surname, first name:

Place, date: Signature:

Certification of signatures

(→ by municipality or notary)

The undersigned hereby certifies the authenticity of the account holder's signature above.

Surname, first name:

Place, date: Signature, stamp:

The undersigned hereby confirms the authenticity of the signature of the account holder's spouse/registered partner above.

Surname, first name:

Place, date: Signature, stamp:

Documentation required

Please send us the following additional documents so that we can process your application:

- *Copy of your OASI (AHV/AVS) card*
- *If you are married or in a registered partnership: copy of your marriage certificate/partnership certificate*
- *If you are divorced or your partnership has been dissolved: copy of the complete, legal divorce decree/decreed dissolving your partnership and current certificate of civil status*
- *If you are single or you are widowed: current certificate of civil status*
- *Copy of the current invalidity insurance decision*