



Vested benefits accounts

→ 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 of entire vested benefits due to emigration

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

Declaration

I hereby confirm that

I have left or will leave Switzerland permanently and will no longer work in Switzerland in the future

Date of definitive departure:

Name of new country:

as a former cross-border commuter I will no longer work in Switzerland in the future

Date of cancellation of cross-border commuter permit:

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 confirmation of de-registration from your last municipality of residence in Switzerland or copy of the cancellation of your cross-border commuter permit*
- *Original of your current confirmation of place of residence*
- *If you emigrated to an EU/EFTA state after 1 June 2007 or after 1 June 2009 or after 1 January 2017, we also need the following document:*
 - *Confirmation from the Guarantee Fund that you are not subject to social insurance obligations in the destination country. The form for clarification can be found at www.verbindungsstelle.ch. Please send the completed form to the following address: Liaison Office, LOB Guarantee Fund, Business Office, P.O. Box 1023, CH-3000 Berne 14*