



→ 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.*

Notification Death

Note: Please complete the form electronically

Correspondence address (name and address of the notifying person)

Surname:

First name:

Street, No.:

Postcode, town, country:

Personal details of the deceased account holder

Vested benefits account

No. (if known):

Surname:

First name:

Street, No.:

Postcode, town, country:

Date of birth:

Gender:

M

F

OASI (AHV/AVS) No.:

Marital status:

single

married/registered partnership since (date):

divorced/dissolved partnership since (date):

widowed since (date):

Previous marital statuses:

Marital
status:

from (date):

to (date):

Marital
status:

from (date):

to (date):

Marital
status:

from (date):

to (date):

Documentation required

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

- *Copy of death certificate*
- *Copy of the updated family record booklet or family certificate*
- *Copy of the certificate of inheritance or (if the inheritance has been declined) official list of heir*
- *Details of the beneficiaries (see following forms)*

Details of beneficiary 1
Please complete this section for each beneficiary

Relation to account holder:

Surname:

First name:

Date of birth:

Street, No.:

Postcode, town, country:

Tel.:

E-mail:

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

in Switzerland outside Switzerland

Details of paying agent:

Bank account Post office account

Account number:

Name of the bank:

Street, No.:

Postcode, town:

IBAN:

SWIFT/BIC:

Account in the name of: Surname, first name:

Street, No.:

Postcode, town, country:

I, as the beneficiary, hereby confirm that the information provided is complete and correct.

Place, date: Signature:

Details of beneficiary 2
Please complete this section for each beneficiary

Relation to account holder:

Surname:

First name:

Date of birth:

Street, No.:

Postcode, town, country:

Tel.:

E-mail:

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

in Switzerland outside Switzerland

Details of paying agent:

Bank account Post office account

Account number:

Name of the bank:

Street, No.:

Postcode, town:

IBAN:

SWIFT/BIC:

Account in the name of: Surname, first name:

Street, No.:

Postcode, town, country:

I, as the beneficiary, hereby confirm that the information provided is complete and correct.

Place, date: Signature:

Details of beneficiary 3
Please complete this section for each beneficiary

Relation to account holder:

Surname:

First name:

Date of birth:

Street, No.:

Postcode, town, country:

Tel.:

E-mail:

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

in Switzerland outside Switzerland

Details of paying agent:

Bank account Post office account

Account number:

Name of the bank:

Street, No.:

Postcode, town:

IBAN:

SWIFT/BIC:

Account in the name of: Surname, first name:

Street, No.:

Postcode, town, country:

I, as the beneficiary, hereby confirm that the information provided is complete and correct.

Place, date: Signature: