



Opt-out notification (Form employer)

Company _____ Contract no. _____

Personal details of departing person

Surname _____ First name _____

Date of birth _____ Social insurance no. 756. _____

Street/no. _____ Post code/city _____

Marital status Single Cohabiting Married Divorced Widowed
 Registered partnership Legally dissolved partnership Partnership dissolved by death

Date of marriage/registration of partnership _____

Opt out of pension scheme as of _____

Is the person departing fully employable and/or are they fully capable of working? Yes No

If no, level of inability to work and/or employability _____ %

Was the person opting out previously subject to tax at source? Yes No

Note: in the event of limited earning capacity and/or incapacity for work any duty to pay benefits on the part of the foundation will first be checked.

To transfer the vested benefits, we need the separate form „Departure / payment instruction“ from the departing person. Please arrange for this form to be sent to us.

If we do not receive any notification of how the vested benefits are to be used, we shall transfer it to the Stiftung Auffangeinrichtung BVG, Vested benefits accounts, P.O. Box, 8036 Zurich, where a blocked vested benefits account will be opened.

Place, date

Stamp and signature of company

Swisscanto 1e Collective Foundation
P.O. Box
8021 Zurich