



Departure / payment instruction

Personal information / current employer

Surname _____ First name _____
Social insurance no. 756. _____ Employer _____

☐ Joining a new pension scheme

New employer

Name _____
Address _____

New pension scheme

Name _____
Address _____

Payment address for my new pension scheme (please enclose payment slip)

Name of bank/post office _____ Account holder _____
IBAN number _____ SWIFT / BIC _____

☐ Transfer to a vested benefits account

- ☐ I have opened a new vested benefits account. Enclosed please find a copy of the application to open an account with the full payment address.
- ☐ I already have a vested benefits account. Enclosed please find the details you need to make a transfer.
- ☐ I have set up a vested benefits policy with an insurance company. Enclosed please find the details you need to make a transfer.

☐ Application for cash payment*

- ☐ I am leaving Switzerland permanently and confirm that I am definitively giving up employment in Switzerland. I enclose the confirmation of de-registration from my current municipality of residence as well as the details of my new domicile abroad (address).
- ☐ I am becoming self-employed in my main occupation and am no longer subject to mandatory occupational benefits insurance. Please find enclosed a current confirmation from the AHV compensation fund that I am entered as a self-employed person in my main occupation.
- ☐ My vested benefits are lower than my annual personal contribution.
- ☐ I am a cross-border commuter and confirm that I am definitively giving up employment in Switzerland. I enclose the confirmation of cancellation of the border commuter permit from the Cantonal Office for Industry, Trade and Employment (KIGA) as well as a current confirmation of residence from my foreign place of domicile.

*If you have made voluntary purchases during the past three years, the vested benefits should not be withdrawn in cash as this could have additional tax consequences. Please ask your Tax Office.

Payment address for cash payment (if possible enclose payment slip)

Name of bank/post office _____

Address of bank _____

IBAN number _____ SWIFT / BIC _____

Account holder _____

Place, date

Signature of the departing person

Place, date

Signature of spouse/registered partner*
(only for cash payment)

Place, date

Signature of witness/notary*
(only for cash payment)

*For an application for a cash payment, we need the signature of the spouse/partner for **married persons or persons living in a registered partnership**. If the vested benefits amount to more than **CHF 10,000**, the signature of the spouse/partner must be **certified**. Certification must be made on this form and can be done by the municipality of residence, another municipality or the HR department. For single, divorced or widowed persons, we need an up-to-date certificate of marital status.

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