



# 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, Office, P.O. Box, 8152 Glattbrugg

Opt-out notification

Swisscanto 1e Collective Foundation

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