



Opt-out notification

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 Divorced Widowed Married Registered partnership

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.

If we do not receive any notification of how the vested benefits are to be used, we shall transfer it to the Stiftung Auffang-einrichtung 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

Joining a new pension scheme

Personal details of insured person

Surname _____

First name _____

Company _____

New employer

Name _____

Address _____

New pension scheme

Name _____

Address _____

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

Name of bank _____

Account holder _____

Bank/PO account _____

Clearing no. _____

Transfer to a vested benefits account

I have opened a vested benefits account with the Vested Benefits Foundation of Zürcher Kantonalbank. Enclosed please find a copy of the application to open an account.

I already have a vested benefits account. Enclosed please find the details you need to make a transfer.

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 have set up a vested benefits policy with an insurance company. Enclosed please find the details you need to make a transfer.

In the case of a cash payment we require the following

Leaving Switzerland (Please complete separate form "Opt-out notification with cash payment due to leaving Switzerland")

Vested benefits less than annual contribution of person opting out.

Becoming self-employed (Certificate from AHV compensation fund and extract from Commercial Register)

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

Name of bank _____

Bank/PO account _____

Clearing no. _____

Account holder _____

Place, date

Signature of person opting out

Signature of spouse/registered partner

Place, date

Signature of witness/notary

Swisscanto Flex Collective Foundation of Cantonal Banks, Stockerstrasse 33, P.O. Box, 8021 Zürich