

# 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 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

## Joining a new pension scheme

### Joining a new pension scheme

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 the Cantonal Banks, Office, P.O. Box, 8152 Glattbrugg

Opt-out notification

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