

Notification of departure

Company	Departure on
Personal details of insured person	
Surname	First name
Date of birth	Social insurance no. 756.
Street/no.	Post code/city
Phone	Email
Marital status ☐ Single ☐ Divorced ☐ Widowed ☐	Married ☐ Registered partnership
Date of marriage/registration of partnership	
Departure from the pension fund as of	
Is the departing person fully capable of working?	☐ Yes ☐ No
If no, level of incapacity for work	%
Was the departing person subject to tax at source?	☐ Yes ☐ No
Please note: If the insured person is incapable of working, the foundation's obligation to pay benefits must first be checked.	
If we do not receive any instructions about the use of the termination benefit, we will transfer it to the Substitute Occupational Benefit Institution, Vested Benefits Accounts, P.O. Box, 8036 Zurich for the purpose of opening a blocked vested benefits account.	
Place, date	Stamp and signature of the company

A) Entry into a new pension scheme (change of jobs) **New employer New pension scheme** Name Name Address Address Payment details of my new pension scheme (please enclose payment slip) Name of bank Account holder Bank/post office account _____ Clearing no. B) No new pension scheme - transfer to a vested benefits account Payment details of my new pension scheme (please enclose payment slip) Name of bank Account holder Address **IBAN**

You can find the application for cash payment on page 3. Swisscanto Flex Collective Foundation of the Cantonal Banks, Office, P.O. Box, 8152 Glattbrugg, 043 210 19 00, flex@pfs.ch

Signature of the departing person

Place, date

C) Cash payment of vested benefits Please note the information provided in the "Information sheet on leaving the pension fund". You can find this information sheet at www.swisscanto-flex.ch ☐ Leaving Switzerland permanently (for cross-border commuters: giving up employment in Switzerland) – Moving to the following country inside the EU/EFTA: Only the extra-mandatory vested benefit can be paid out in cash. We will transfer the mandatory benefit (BVG share) to a vested benefits account of your choice (indicate under B on page 1 "No new pension scheme"). Please note: The mandatory benefit can be paid out if the Guarantee Fund confirms that you are not subject to compulsory insurance for old age, death and disability in the country of destination. - Moving to the following country outside the EU/EFTA: The full vested benefits are paid out in cash. Required documents Confirmation of de-registration from municipality of residence with indication of country of destination For cross-border commuters: Certificate of domicile, new employment contract ☐ Taking up self-employment as primary occupation I continue to be employed for ______% (also complete if this is 0%) I continue to be subject to the mandatory occupational benefits insurance: Yes No Required documents Confirmation from AHV compensation fund with indication of date on which self-employment will be taken up ☐ Insignificance (termination benefit is less than one annual employee contribution) You can see the amount of your annual contribution in your last pension certificate. **Transfer** Please provide the details of your personal bank account for the transfer. Name of bank Account holder Address **IRAN** Place, date Signature of the insured person*

* For the cash payment of the termination benefit (exception: insignificance), the officially certified signature of the partner is required for insured persons who are married or who live in a registered partnership or a life partnership (pursuant to Art. 23 of the pension fund regulations). Certification must be done on this form and can be obtained from the municipality of residence or a notary public.

Place, date

Signature of the spouse/registered partner/life partner*

Signature of the certifying person

Single, divorced or widowed insured persons must submit an up-to-date certificate of marital status that is not older than three months. This can be obtained from the competent registry office.