

Leaving the Pension Fund

Insured person

First name Date of birth

Last name AHV/AVS no.

Address Marital status

Postcode/place Tel.

E-mail

Date of leaving

DD/MM/YYYY

New employer (transfer to new pension fund)

Name of new pension fund

Address

Payment instructions (please enclose paying-in slip)

Postal account

Bank Postcode/Place

Clearing no. Account no.

IBAN no. SWIFT/BIC

Payments abroad may entail fees and exchange rate losses which must be borne by the payee.

General Electric Switzerland Supplementary Insurance Plan

No new employer (transfer to vested benefits scheme)

Vested benefits scheme (enclose account application and paying-in slip)

Name.....

Stiftung Auffangeinrichtung BVG

Application for cash payment

You no longer live or work in Switzerland or Liechtenstein. Your country of residence is NOT an EU/EFTA member nation. (Enclose local authority's confirmation that you have cancelled your registration in your last Swiss municipality of residence)

You no longer live or work in Switzerland or Liechtenstein. Your country of residence IS an EU/EFTA member nation. (Enclose local authority's confirmation that you have cancelled your registration in your last Swiss municipality of residence)

You are exempt from social security in your country of residence (Enclose proof from country of residence)

You are subject to social security in your country of residence (Only for payment of super-obligatory share of vested benefits; for transfer of obligatory share, please fill out "No new employer" section)

You are becoming self-employed. (Enclose confirmation from your AHV/AVS office)

Your vested benefits are less than your annual contribution.

Payment instructions (please enclose paying-in slip)

Postal account.....

Bank Postcode/Place

Clearing no. Account no.

IBAN no. SWIFT/BIC

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Documents required for a lump-sum payment

In the case whereby the pension capital has been pledged, the pledgee's written approval has to be submitted.

Unmarried persons: enclose proof of marital status

Married persons and those in officially registered partnerships: consent to cash payment

.....
Place/date

.....
Signature of spouse/partner

.....
Place/date

.....
Official notarisation of signature

Confirmation of accuracy

I have read the information leaflet and confirm that the information provided on this form is true and accurate.

.....
Place/date

.....
Signature of insured person