Leaving the Pension Fund

Insured persor	1			
First name		Date of birth		
Last name		AHV/AVS no.		
Address		Marital status		
Postcode/place		Tel		
E-mail				
Date of leaving	J			
DD/MM/YYYY				
New employer	(transfer to new pension fund)			
Name of new pe	ension 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 Pension Fund

No new employer (transfer to vested benefits scheme)				
□ Vested ben	efits scheme (enclose account appli	ication and paying	-in slip)	
Name				
☐ Stiftung Auffangeinrichtung BVG				
Application for cash payment				
EU/EFTA n	ger live or work in Switzerland or Lie nember nation. (Enclose local autho in your last Swiss municipality of re	rity's confirmation	-	
EU/EFTA n	ger live or work in Switzerland or Lie nember nation. (Enclose local autho in your last Swiss municipality of re You are exempt from social securi country of residence) You are subject to social security i super-obligatory share of vested b out "No new employer" section)	rity's confirmation sidence) ty in your country of r	that you have cancelled your of residence (Enclose proof from residence (Only for payment of	
☐ 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 accoun	t			
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.

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Documents required for a lump-sum payment			
In the case whereby the pension capital has been submitted.	pledged, the pledgee's written approval has to be		
Unmarried persons: enclose proof of marital statu Married persons and those in officially registered p			
Place/date	Signature of spouse/partner		
Place/date	Official notarisation of signature		
Confirmation of accuracy			
I have read the information leaflet and confirm tha accurate.	t the information provided on this form is true and		
Place/date	Signature of insured person		