

Notification of withdrawal

Contract no. /

Employer Name and location

Insured person

Name	First name	Insurance number
Street, postal code and location	Date of birth	Gender
Private email address (important for cash payment)	<input type="checkbox"/> m	<input type="checkbox"/> f

Termination of employment relationship

Date of withdrawal

Is the insured person married or in a registered partnership? Yes No

Is the insured person fully fit for work? Yes No
Please submit the "Notification of incapacity for work/notification of death" form with the corresponding enclosures.

Early retirement? Yes No
If yes, contact will be established

Leaving due to headcount "reduction/restructuring"? Yes No

Transfer vested benefits

The vested benefits are to be transferred to the new employer's occupational benefits institution (the transfer is mandatory upon enrollment with a new occupational benefits institution)

Name and location of new employer Contract no.

Name of the occupational benefits institution

Street, postcode and location

Transfer New occupational benefits institution's paying agent

Postal account IBAN/bank account Bank (SWIFT address) Bank clearing no.

Remarks

Important The employer must sign this form on page 2.

If the vested benefits cannot be transferred to a new occupational benefits institution, it is **ESSENTIAL** to provide information about how pension coverage (page 2) will be maintained.

Maintenance of occupational benefits coverage

Pension coverage maintained by opening a vested benefits account or issuing a vested benefits policy

- Opening a vested benefits account with Rendita vested benefits foundation (with the option of investing in securities)
- Transfer to a vested benefits account at another bank; please indicate the paying agency under "Transfer vested benefits"
- Issue of a vested benefits policy with AXA

Opening a vested benefits account or purchasing a vested benefits policy is possible if the vested benefits cannot be transferred to a new occupational benefits institution. It is not possible to maintain pension coverage for death and disability with the current foundation.

Cash payment vested benefits

The vested benefits are to be paid in cash as specified below

(For the prerequisites for cash payment and the necessary proof, please refer to "[Necessary documentation for cash payments](#)")

- The insured person is leaving Switzerland/Liechtenstein for good* to move to an EU/EFTA country. According to the legal requirements of said country, the insured person continues to be insured against the risks of old age, disability and death. A cash payment of the vested benefits portion equalling the BVG retirement assets is not possible. The extra-mandatory vested benefits are to be paid in cash. The mandatory vested benefits are to be guaranteed.
- The insured person is leaving Switzerland/Liechtenstein for good* and is no longer covered under the mandatory occupational benefits insurance:
The vested benefits are to be paid in full in cash.
- The insured person's main source of income is from self-employment and he or she is no longer required to have mandatory occupational benefits insurance.
The vested benefits are to be paid in full in cash.
- The vested benefits amount to less than one annual contribution from the insured person:
The vested benefits are to be paid in full in cash.

*Departure takes (took) place on _____ Country of destination _____

Has the insured person purchased benefits for missing contribution years or early retirement during the last three years?

No

Yes (please fill in below)

Amount

Date

Transfer vested benefits

Paying agent for vested benefits account or cash payment

Paying agent _____

Postal account _____

IBAN/bank account _____

Bank BIC (SWIFT address) _____

Bank clearing no. _____

Passing on data

The insured person hereby permits AXA to use data on his or her occupational benefits to advise him or her on Pillar 3 pensions.

(Please cross this out if you do not wish your data to be used.)

Signature of employer

Date _____

Signature of foundation/employer _____

Signature of insured person (for cash payment only)

Date _____

Insured person's signature _____

Date _____

Confirmation of spouse/registered partner (officially certified, where necessary – see "[Necessary documentation for cash payments](#)")

Necessary documentation for cash payments

The occupational benefits institution is required to make sure that the necessary prerequisites for a cash payment are fulfilled.

In the case of a **company's own foundation**, the foundation itself is responsible for carrying out the review.

In the case of affiliation with one of our **collective foundations**, the following documentation is necessary in each given situation and must be submitted with the "Notification of withdrawal" form.

Reasons for cash payment and necessary documentation

When the insured person is leaving the economic area of Switzerland and Liechtenstein for good

- and moving to an EU/EFTA country where, under the applicable local laws, he or she is no longer subject to obligatory insurance cover for the risks of old age, disability, or death, the insured person must provide proof that the conditions for a cash payment of the vested benefits are fully met. Further information can be found in the "Cash Payments in the EU" summary sheet. Application forms for clarifying social insurance obligations can be obtained from the Guarantee Fund office (www.verbindungsstelle.ch).
- Signed confirmation from the insured person on the "Notification of withdrawal" form, copy of proof of marital status (not older than 1 month), confirmation of de-registration from the previous residents' registration authority, copy of passport/ID, and confirmation from the previous tax authority that tax has been paid on the vested benefits – in the absence of the latter confirmation, withholding tax will be deducted.

If an insured person becomes self-employed and is no longer subject to mandatory occupational benefits insurance, the right to have withdrawal benefits paid out in cash is valid for one year from the start date of self-employment:

Signed confirmation by the insured on the "Notification of withdrawal" form, up-to-date confirmation from the AHV compensation fund about the main occupation, and copy of passport/ID and a copy of proof of marital status (not older than 1 month).

If the vested benefits amount to less than one annual contribution from the insured person:

Signature of the insured on the "Notification of withdrawal" form and copy of passport/ID and a copy of proof of marital status (not older than 1 month).

Married persons/registered partners require the signed consent of their spouse/registered partner on the "Notification of withdrawal" form and a copy of the passport/ID of their spouse/registered partner. The signature of the spouse/registered partner on the "Notification of withdrawal" form must be publicly certified (notary, municipality, general agent of AXA Life Ltd.) if the vested benefits amount to more than CHF 30,000.

Each occupational benefits institution may ask for additional documentation.

Partial liquidation

Obligation to report partial liquidation

(for details, see the Regulations on the Partial and Total Liquidation of Occupational Benefits Funds)

The employer must, by law, notify the foundation without delay of any reduction in the workforce or restructuring of the company that might lead to a partial liquidation.