

Departure from the employee pension plan

Information about contract and insured person

Name of employer or foundation	Contract no.
<input type="text"/>	<input type="text" value="/"/>
Last name of insured person	First name
<input type="text"/>	<input type="text"/>
Street/road, no.	ZIP code, town/city etc.
<input type="text"/>	<input type="text"/>
AHV no. of the insured person	
<input type="text"/>	
Marital status	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> In a registered partnership <input type="checkbox"/> Dissolved partnership	
Private telephone number	Business telephone number
<input type="text"/>	<input type="text"/>

Departure date

Date of termination of employment

<input type="text"/>	<input type="text"/>	<input type="text"/>	The leaving date always corresponds to the last day of employment and is usually at the end of a month. Vacation entitlements may not be deducted.
Day	Month	Year	

We are unaware of the use of the vested benefit. Please obtain information directly from the insured.
 The name of the new pension plan is known. Please complete the other side.

Information on capacity for work or gainful employment

Is the insured person fully capable of work or gainful employment? Yes No

Information from employer or foundation

The employer confirms that it has correctly provided notification of all changes (e.g. changes to salary or marital status). No changes may be made retroactively once the final statement has been drawn up.

Place	Date	Stamp and signature of employer or foundation
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	<input type="text"/>

Information about contract and insured person (if not shown on the front of this form)

Contract no.

AHV no. of the insured person

Last name and first name of the insured person

Use of vested benefits

The insured person is joining a new pension plan.

The insured person is not joining a new pension plan

and wishes to apply to open a vested benefits account with the «Zurich» vested benefits foundation.

and requests the transfer of his/her vested benefits to the following vested benefit institution.

The vested benefits should be transferred as follows:

Name and address of the new pension plan or vested benefits institution

Name and address of the new employer

For bank payments: name and address of the bank

Account in the name of

Bank or post office account number

For bank payments: BC-no./SWIFT address (BIC/IBAN no.)

The insured person requests a cash payment.

Please submit the required document and the form «Payment of termination benefit in cash».

The insured person is not joining a new pension plan and is taking retirement as per the provisions of the regulations.

Confirmation by insured person

Place

Date

Day

Month

Year

Signature of the insured person