

Departure

This form is to be completed and signed by the insured person.

Details on insured person

Employer	Portfolio number
_____	_____
Last name	First name
_____	_____
Street / no.	Zip code / city
_____	_____
Date of birth	Social security number (13 digits)
_____	756.
Email	Date of departure
_____	_____

Is the insured person fully employable at the present time? Yes No

Were purchases made in the occupational pension plan (pillar 2) over the last three years? Yes No

Transfer to a new employee benefit scheme

The insured person has a new employer in the economic area of Switzerland / Liechtenstein and is obligated in accordance with Art. 3 of the Swiss Vested Benefits Act (FZG) to transfer the benefits upon departure to the new employee benefit scheme.

Name of the new employer	Name of the new employee benefit scheme
_____	_____
Street / no. (of the new employee benefit scheme)	Zip code / city (of the new employee benefit scheme)
_____	_____
IBAN	

Cash payout

- The insured person has become self-employed in the economic area of Switzerland / Liechtenstein and is no longer subject to the mandatory occupational pension fund. Confirmation of the OASI compensation fund and a copy of the liability insurance policy for the professional activity must be enclosed.
- The insured person is permanently leaving the economic area of Switzerland / Liechtenstein and is not moving to an EU / EFTA country. The confirmation of deregistration from the Swiss municipality and the official certificate of residency in the new country of residency must be enclosed.

- The insured person is permanently leaving the economic area of Switzerland / Liechtenstein, is moving to an EU / EFTA country, and will continue to be subject to mandatory insurance for the risks of old age, disability, and death in accordance with the laws of this country.
- The vested benefits are less than one personal annual contribution by the insured person.
- ▶ **For cash payouts, married couples or couples in a registered partnership must enclose official certification (municipality or notary) of the spouse's or registered partner's signature. Unmarried insured persons must enclose proof of marital status (available from the municipality).**

Vested benefits solution

- ▶ **Only possible if the person is not joining a new employee benefit scheme or if the benefits upon departure cannot be transferred to the new employee benefit scheme.**

- The insured person has selected a vested benefits solution:

Name of the foundation

Street / no.

Zip code / city

IBAN

- The insured person would like to open a vested benefits portfolio at a partner vested benefits foundation of Bank Vontobel AG (for pension assets of more than CHF 100,000; transfer of securities is possible).

- ▶ **The insured person confirms that he / she has taken note of Art. 23 (Katharinen Pensionskasse II framework regulations).**

Application to remain in Katharinen Pensionskasse II

- Application to remain in Katharinen Pensionskasse II as an external member (without insurance coverage); continuation of investment strategy to date desired.

Decision by Board of Trustees:

Positive Negative

Signatures

Place, date

Signature of employer

Place, date

Signature of the insured person

Place, date

Signature of spouse / registered partner

Please send the completed form to the following address: **Allvisa Services AG, Karina Togni, PO box, 8027 Zurich**