

Notification of departure by employee (1/2)

Employer

Name

Personal details of the insured person

Last name First name

Street Postcode/city

E-Mail

SI number Date of birth

Departure date

Date of departure

Is there full capacity for work and/or earning capacity? Yes No

In accordance with the statutory provisions, the vested benefits must be transferred to your new employers' pension scheme.

A Please transfer my vested benefits to the pension scheme of my new employer
(please enclose payment slip or information sheet of the new institution).

Name of pension scheme

Street Postcode/city

Name of employer Postcode/city

Contract no.

IBAN Swift address

Notification of departure by employee (2/2)

- B I am not starting a new job, please transfer my vested benefits to the following vested benefits institution.

Name of bank, insurance company

Street

Postcode/city

IBAN

Swift address

- C I am not starting a new job and I wish to open a vested benefits account with the vested benefits foundation of UBS AG, P.O. Box, 4002 Basel (the account will be opened by the Rivora Collective Foundation)

- d I am applying for a cash payment pursuant to Art. 5 FZG (Swiss Federal Law on Vesting in Pension Plans) because:

I am leaving Switzerland on a permanent basis and am no longer subject to Swiss social insurance

I am taking up self-employment as my main occupation in Switzerland

My vested benefits are less than my personal annual contribution

Please send me the form „Cash payment of vested benefits“.

Signature

Place/date

Signature of the insured person