

If you have any questions, please contact your customer advisor:  
+41 43 210 18 06 • pension.cchbc@pfs.ch

## Notification of withdrawal

Departure on \_\_\_\_\_

Name \_\_\_\_\_ First name \_\_\_\_\_

Street \_\_\_\_\_

Postcode/city/country \_\_\_\_\_

Date of birth \_\_\_\_\_ Employee no. \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Marital status ☐ single ☐ married ☐ divorced

☐ registered partnership ☐ dissolved partnership ☐ widowed

Capacity to work Were you able to work full time upon departure? ☐ yes ☐ no

### Joining a new pension fund (switching jobs)

New employer \_\_\_\_\_

Name and address of the new pension fund \_\_\_\_\_

Bank/IBAN \_\_\_\_\_

**Please enclose a payment slip of the new pension fund**

### Not joining a new pension fund

Transfer of vested benefits to

☐ Vested Benefits Foundation of PFS Pension Fund Services AG, P.O. Box, 4002 Basel  
(account held at UBS AG)

☐ Vested benefits account/vested benefits policy

Name of vested benefits institution \_\_\_\_\_

Bank/IBAN \_\_\_\_\_

**Please enclose a payment slip or account confirmation of the vested benefits institution**

Place/date \_\_\_\_\_

Signature of the insured person \_\_\_\_\_

## Cash payment of vested benefits

Please note the information provided on the enclosed fact sheet regarding cash payments!

- ☐ Permanent departure from Switzerland (for cross-border commuters terminating employment in Switzerland)
- to the following country within the EU/EFTA

Only those benefits that are over and above the mandatory benefits can be paid out in cash. We will transfer the mandatory portion (LOB share) to a vested benefits account of your choice (list on page 1, «Not joining a new pension fund»).

- to the following country outside of the EU/EFTA

The entire amount of the vested benefits will be paid out in cash.

**Please enclose confirmation of deregistration from your community of residence and confirmation of registration of new residence** (for cross-border commuters: confirmation of residence and new employment contract or confirmation from the unemployment office)

- ☐ Self-employment as a main source of income
- Please enclose confirmation from the AHV compensation office**

- ☐ Negligible amounts (termination benefits are less than one annual employee contribution)

## Payment address

- ☐ for cash payments in Switzerland

Bank/IBAN

- ☐ for cash payments to a bank outside Switzerland

Name of bank and full address

IBAN/SWIFT

## Signature

Persons who are **married or living in a registered partnership** need to provide an officially certified signature of their spouse/registered partner.

We require current proof of marital/civil status from **unmarried persons**. If a partner is given as a beneficiary, we also need his or her officially certified signature.

Place/date

Signature of the insured person

Place/date

**Officially certified signature** of spouse/registered partner or partner who is a beneficiary