

## Payment order

Insured person: \_\_\_\_\_

AHV number: 756. \_\_\_\_\_

Termination of employment relationship as: \_\_\_\_\_

Are you, at the time of leaving, fully able to work? ☐ yes ☐ no

### 1. Transfer to the employee benefits institution of the new employer (otherwise please fill point 2 or 3)

☐ The vested benefit is to be transferred to the new benefits institution (pension fund).

**New employee benefits institution (Name, address) New employer (Name, address)**

_____	_____
_____	_____
_____	_____

#### Payment order

☐ **Paying-in slip enclosed**

if you do not have a paying-in slip, please complete:

☐ **Bank** ☐ **Post**

**Account:** \_\_\_\_\_

IBAN (maximum 34 digits) \_\_\_\_\_

Bank (Name, post code, city, country) \_\_\_\_\_

SWIFT-Code (SC) \_\_\_\_\_ Clearing / BLZ \_\_\_\_\_

Account holder \_\_\_\_\_

### 2. Vested benefit policy / vested benefits account

On 1 January 2021, as part of the supplementary benefits reform a new article of the law will come into force: Art. 47a of the Federal Act on Occupational Old Age, Survivors and Invalidity Pension Provision (BVG). This article provides that insured persons whose employment has been terminated by the employer may request their occupational benefits continue to be provided. If you are interested in this option, please contact us.

☐ Open a **vested benefit policy** or a **vested benefits account** with a **Vested Benefits Foundation**. A vested benefit policy or a vested benefits account are only possible in cases where the vested benefit cannot be transferred to the new employee benefits institution (Art. 4 of the Law on Vested Benefits FZG). Please enclose a copy of the request of opening the account and a paying-in slip.

#### Signature of the insured person

A signature serves to confirm the accuracy and completeness of the information.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature

**In case of cash payment, please complete the following page**

### 3. Cash payment \*

The vested benefit is to be paid in cash as one of the following conditions has been met:

- ☐ The withdrawing insured person is leaving Switzerland permanently and/or will no longer be working in Switzerland as a cross-border commuter. **(Enclose official confirmation)**

☐ and is moving to the EU- / EFTA member state of: \_\_\_\_\_

The over-mandatory part of the vested benefit (FZL) can be paid off. The application form required for the additional cash payment of the mandatory portion in accordance with the BVG can be obtained from the LOB Guaranteed Fund Liaison Office (<http://www.verbindungsstelle.ch>).

☐ and is **not** moving to an EU- / EFTA member state, but to: \_\_\_\_\_

In this case, the full vested benefit can be paid out in cash. Enclose official confirmation of residence from the new country of residence.

- ☐ The withdrawing person is becoming self-employed in the main acquisition and is no longer required to contribute to occupational provisions. **(Enclose the confirmation of the AHV administrative office)**

- ☐ The withdrawing insured person's entitlement is less than their personal annual contribution (see *insurance certificate*).

Did you make purchases with a former employee benefits institution during the last 3 years before the date of withdrawal? ☐ yes \* ☐ no

\*If yes Date: \_\_\_\_\_ Amount (CHF): \_\_\_\_\_

#### Payment order

☐ **Paying-in slip enclosed**

if you do not have a paying-in slip, please complete:

☐ **Bank** ☐ **Post**

**Account:** \_\_\_\_\_

IBAN (maximum 34 digits) \_\_\_\_\_

Bank (Name, post code, city, country) \_\_\_\_\_

SWIFT-Code (SC) \_\_\_\_\_

Clearing / BLZ \_\_\_\_\_

Account holder \_\_\_\_\_

#### Signatures

A signature serves to confirm the accuracy and completeness of the information.

#### Insured person

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature

#### Spouse / registered partner

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature

**\* Important:** All **cash payments** also require a **certificate of personal status** (can be requested by phone from the civil registry office at the person's place of origin) or another up-to-date official document confirming civil status and a **notarised signature** (for persons who are married also a notarised copy of the spouse's signature, or, if living in a registered partnership, a notarised copy of the partner's signature). Payment is subject to blocking requirements in the case of **insurance years purchased** and **to transfers of BVG portions** when leaving for an **EU- / EFTA member state**.

Remarks: \_\_\_\_\_

**Please return to:**

Pensionskasse der Lonza  
Cornelia Erdin  
Münchensteinstrasse 38  
Postfach  
4002 Basel