

## Payment order

Employer: \_\_\_\_\_  
Insured person: \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Termination of employment contract as of \_\_\_\_\_

### 1. Transfer to the employee benefits institution of the new employer in Switzerland or Liechtenstein (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)

Account holder

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

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

☐ The insured person opens a **vested benefit policy** or **vested benefits account** at a vested benefits institution (Swiss bank or insurance company). 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.**

#### Original signature of the insured person

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

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

\_\_\_\_\_  
Original signature

**Please complete the following page in full only if you are paying in cash**

### 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 e.g. deregistration from municipality of residence or confirmation of return of cross-border commuter permit)**

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

The over-mandatory part of the vested benefit (FZL) can be paid off.

☐ 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 (or confirmation of deregistration from the municipality 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 current *insurance certificate*).

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

\*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 \_\_\_\_\_

#### Notarised original signatures

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

#### Insured person

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

\_\_\_\_\_  
Notarised original signature

#### Spouse / registered partner

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

\_\_\_\_\_  
Notarised original 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** of the insured person (and if married or in a registered partnership also of the spouse or registered partner). 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  
Münchensteinerstrasse 38  
4052 Basel  
pensionskasse@lonza.com  
www.pensionskasse-lonza.ch