

Payment order

Company: _____

Insured person: _____

Termination of employment relationship as: _____

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)

Account holder

Clearing / BLZ _____

2. Vested benefit policy / vested benefits account

☐ 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
Münchensteinerstrasse 38
Postfach
4002 Basel