

simple. clear. helvetia. Your Swiss Insurer Postal address Helvetia Insurance P.O. Box 99 8010 Zurich

Redemption vested benefits policy

Insured person	
Policy no.	
Title Ms Mr	
First name	Last name
Street	No.
Postcode	Place
Country	Date of birth
Marital status	since, date
E-mail	
Phone	
New job	
Do you have a new job in Switzerland? Yes, I have a new job No, I do not have a new job	
Transfer	
New employee benefit institution	
Employee benefit institution	



Name of the employee benefit institution	Additional name
Address	
Street	Number
Postcode	Place
Country	
Account details and contract number	
IBAN	Account number
Reference no.	Contract number
Details of the new employer Name of the new employer	
Address	
Street	Number
Postcode	Place
Country	
Documents	
Documents attached:	

Benefit

I would like to open a vested benefits policy or vested benefits account or transfer my termination benefit to an existing vested benefits institution.

Required documents: If possible, please enclose a copy of the vested benefits application.



Name	
Bank/p	ost office (name, address)
IBAN	
□ Name	Enter additional vested benefits institution
Bank/p	ost office (name, address)
IBAN	
l wou	ld like a cash payment
	because I am becoming full-time self-employed and am no longer subject to the compulsory occupations benefit scheme.
	red documents: Please submit the confirmation from the OASI compensation fund. Your relevant OASI nsation fund can be found at www.ausgleichskasse.ch . You can attach the documents as a file at the end of m.
	Please note that the application for cash payment must be submitted within one year of starting full-time apployment.
	because I am definitively leaving Switzerland/Liechtenstein.
Liechte	red documents: Please enclose the certificate of deregistration from the municipality (Switzerland/enstein) and the confirmation that the social security obligation of the security fund in Bern has been d. If the person is moving to a country outside the EU/EFTA, proof of the social security obligation is not
You ca	n obtain the relevant form directly from www.verbindungsstelle.ch . You can attach the documents as a file and of this form.
	A payment will be made in Swiss francs (CHF). Only in countries where the local currency is EUR, GBP or ill payments be made in the relevant local currency.
	because I am a cross-border commuter and am definitively giving up my gainful activity in Switzerland/Liechtenstein.
Securit You ca	red documents: Please enclose confirmation of the clarification of the social security obligation from the y Fund, Bern. n obtain the relevant form directly from www.verbindungsstelle.ch . You can attach the documents as a file end of this form.
	because my termination benefit is less than my annual contribution (insignificance of the termination benefit).



	because I receive a full DI pension (p a copy of the pensions entitlement)	elease attach confirmation of the Swiss federal disability insurance of	
Payn	nent of retirement benefit		
	I would like the retirement benefit to be paid out		
Note:	Possible during the last 5 years before rea	ching the ordinary OASI retirement age (Art. 16 para 1 OV).	
Comm	nents if the vested benefit is split between t	two foundations	
Payn	nent details		
Bank/p	oost office, name, branch	Postcode, place	
Accou	nt number	Reference no.	
IBAN		SWIFT/BIC code	
Acco	ount holder		
Name		First name	
Street	and number	Postcode, place	
Is a tra	ansfer of residence abroad planned? No Yes en?		

Tax related aspects of cash payments

The tax authorities may regard the capital withdrawal as circumvention if purchases were made within three years of any capital withdrawal. The tax authorities may consider all the 2nd Pillar pension arrangements of a person as a whole and generally do not recognise the deductibility of purchases made during this period. This may lead to a supplementary tax procedure. The insured is in any case responsible for the tax consequences of the capital withdrawal.

It is recommended that prior clarification be obtained from the relevant tax authority.



Data protection

All personal data will be processed in accordance with the current legislation:

For compulsory occupational benefits, the data protection regulations of LOB (Art. 85a ff. LOB) apply. The provisions of the FADP apply in addition. The FADP applies to purely supplementary occupational benefits (for information e.g. identity and contact details of responsible persons, processing purposes, etc. please see www.helvetia.ch/privacy).

By signing below, the insured person confirms that they wish to maintain benefit coverage in the form described above, and that in the case of payment in cash (other than marginal termination benefit), they are no longer subject to the obligatory occupational benefit scheme.

For single, divorced or widowed persons, a confirmation of marital status is mandatory for payment in cash.

Place and date	Signature of the insured person			
In the event of a cash payment, an original officially-certified signature of the spouse or registered partner, as the case may be, is mandatory. Certification must be carried out by a notary, the certification office of the municipality or state chancellery of the place of residence or Canton or an equivalent official body. A signature authenticity check by a Helvetia general or main agency is also acceptable. Signing must take place in the presence of the person certifying the signature. A signed passport or identity card must be produced.				
Place and date	Signature of spouse or registered partner			
Official certification of the signature of your spouse or reg	gistered partner in the original:			