

(Address of former employer)

Sender:

(Address of the insured person)

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Re: My entitlement to a **withdrawal benefit** from your company's pension fund

Ladies and Gentlemen

Prior to my present employment, I was a member of your company's pension fund. As a result of the termination of my employment contract, I am entitled to a withdrawal benefit.

Please arrange that your occupational welfare institution or the underwriter of your occupational welfare institution

- transfers my entitlement to the Baloise Life for the attention of the occupational welfare institution of my new employer in my favour;
- in order to fulfil the legal obligation sends a detailed withdrawal settlement to me as well as to the Baloise Life for the attention of my new employer's occupational welfare institution.

Thank you in advance for your assistance.

Yours sincerely,

Information concerning remittance of benefit

Baloise Life Ltd
P.O. Box
4002 Basel

IBAN: CH46 0900 0000 4000 0171 0

Withdrawal benefit for:

Surname, first name: born on:

Contract no.: 50/ Company:

BVG share:

Abbreviations

BVG Federal Law on the Occupational Retirement, Survivors' and Disability Benefit Plan

IV Federal Law on Disability Insurance

MV Federal Law on Military insurance

UVG Federal Law on Accident Insurance

Explanations

to pt. 3. a) It is compulsory to insure persons according to the BVG from the date of joining service, with the exception of those persons whose contracts of employment are for less than 3 months. If it is agreed to extend the contract beyond 3 months (limited or unlimited) the provisions of the insurance will come into effect from the date on which the extension has been agreed (Important: the term of probation does not qualify as a limited term of employment).

to pt. 3. b) Even if a person enters the service during the year, the AHV salary to be notified is the estimate for the complete year. The Baloise will make any necessary co-ordination for the calculation of insured salary.

to pt. 3. c) The following applies to part-time employment of less than 30%: Persons who are otherwise already compulsorily insured in their main occupational activity or self-employed in their main occupation cannot be or become insured under the terms of these regulations and cannot be admitted to the pension fund. If such a situation pertains and is only discovered on the onset of a disability or in the event of death, no benefits will be paid out.

to pt. 5. a) The former welfare institution must submit a detailed withdrawal settlement in virtue of its legal obligation to inform not only the persons to be insured, but also the new welfare institution.

If the person to be insured has not yet received any settlement or if the former welfare institution has not yet given information about the application and the transfer of the withdrawal benefit:

1. With the co-operation of the person to be insured, **please complete** the attached letter and arrange for its delivery. You should complete the appended pay-in slip, giving the following particulars, so that we can credit the payment to your employee:

- Surname and first name of the person to be insured
- Name of your company, as the new employer
- Number of the group life insurance contract with the Baloise.

2. In the case of individual foundations, please note:

If your pension fund is itself responsible for saving to provide retirement benefits i.e. only the risks of death and disability are insured with the Baloise, the attached letter is not applicable. In this case, the withdrawal benefit must be transferred to your pension fund and not to the Baloise. However, in order to calculate the risk benefits, the Baloise requires a copy of the statement from the pension arrangements of the previous employer.

to pt. 5. c) The person to be insured is legally obliged to transfer all the available means into her/his welfare institution. This also includes the withdrawal benefits which are deposited in a registered welfare institution (portable credit account in a bank or portable credit policy in an insurance company). Please, inform the person to be insured accordingly so that she/he is able to transfer these means if necessary.