

Withdrawal from Service Form

Contract No.

Employee benefit institution

Questions 1–5 have to be completed in every case:

1. Surname and first name:

Old AHV-No.: <table border="1" style="display: inline-table; width: 150px; height: 15px; vertical-align: middle;"></table>	New AHV-No.: <table border="1" style="display: inline-table; width: 150px; height: 15px; vertical-align: middle;"></table>
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Street:

Postal code/Town:

2. Insurance No.:

3. civil status

Is the person to be insured married? yes, since (date): no

Is the person to be insured living in a registered partnership? yes, since (date): no

4. Is the withdrawing person able to work? yes partially no

Is the withdrawing person in receipt of a disability pension? yes (degree of disability:) no

5. Date of withdrawal: (last day of salaried employment)

Question 6 has to be completed only if a full insurance (retirement, death and disability benefits) is insured by the Baloise.

6. The withdrawing person's claim to a withdrawal benefit has to be discharged as follows:

by a transfer in favour of the withdrawing person to the new employer's employee benefit institution (EBI):

a) Name of the new EBI:

Street:

Postal code/Town:

P.O. account no. or bank and account no.:

b) Name of new employer:

Street:

Postal code/Town:

We would like to draw your attention to the fact that the withdrawing person is legally obliged to transfer the whole of her/his withdrawal benefits to the employee benefit institution of her/his new employer. Only in the case where this is not possible, one of the following possibilities may be selected:

Establishment of a portable credit policy (if the amount is greater than CHF 2'500.–)

Withdrawing person's signature:

Transfer to a portable credit account*

Cash payment*

Withdrawing person's signature:	Spouse's signature:
.....

(Cash payment in favour of married insured persons are only effected when the spouse agrees in writing)

*Please note the explanations on reverse side

Please send a further supply of forms (Collective Foundation)

Place and Date:

Seal and signature of the employer

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Explanations

1. General Information:

This form has been designed to deal with various transactions concerning withdrawal from service. It is important that you provide **all** data requested in each particular case.

2. Refund of Premium:

Any premium paid beyond the date of withdrawal will be credited to your current account.

3. Transfer to a portable credit account

Transfer to a portable credit account with the Baloise Bank SoBa (from an amount of CHF 10'000.00). Kindly contact me in advance.

Transfer to a portable credit account with a bank at my choice. The confirmation of the bank is included.

The following documents are to be handed in to the Baloise:

A bank certificate attesting that the account is exclusively and irrevocably used for welfare purposes.

4. The Possibilities of a Cash Settlement:

If the withdrawal benefit is pledged, the withdrawing person must submit the written confirmation of the pledge keeper as far as the pledged sum is concerned.

Does the insured person have to pay source tax? yes no

On leaving Switzerland permanently.

Information on country of destination and social insurance obligation

Please insert your future country of residence:

.....

If **living in a EU/EFTA Member State** are you going to be subject to a mandatory social insurance against the risks of old age, death and disability, e.g. as a consequence of employment?

yes no

The following documents are to be handed in to the Baloise:

Confirmation from the registration office or a copy of a residence permit for another country or confirmation from a consulate.

On becoming self-employed.

The following documents are to be handed in to the Baloise:

Confirmation from the appropriate AHV compensation office and, if available, an extract from the trade register.

The withdrawal benefit amounts to less than an annual contribution of the insured person.

Information concerning the transfer:

Bank (name and address)

Post-bank account No. (bank)

Clearing No.

SWIFT No.

IBAN

Account No. (Payee) *

Further information concerning payment

	Marital status of the insured person	
	Married / registered partnership	Unmarried
Up to CHF 19,999	<ul style="list-style-type: none"> • Signatures of the spouse / registered partner and the insured person • A copy of a valid identity card (both sides) or a valid passport (showing signature) of the spouse / registered partner and the insured person 	<ul style="list-style-type: none"> • Signature of the insured person • A copy of a valid identity card (both sides) or a valid passport (showing signature) and proof of marital status from the local authority or equivalent (e.g. the Civil Register)
Over CHF 20,000	<ul style="list-style-type: none"> • Signature of spouse / registered partner and the insured person • Authentication of the signatures 	<ul style="list-style-type: none"> • Signature of the insured person • Authentication of the signature and proof of marital status from the local authority or equivalent (e.g. the Civil Register)