

## Withdrawal from Service Form

Contract No. ....

Employee benefit institution (EBI) .....

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

1. Surname and first name: .....

old AHV-No.:     -      -

new AHV-No.:       -

2. Insurance No.: .....

3. Is the withdrawing person married?  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)

**Questions 6.1–7.2 have to be completed only if a full insurance (retirement, death and disability benefits) is insured by the Baloise.**

6.1 Sum of the contributions paid by the withdrawing person up to the date of withdrawal (excluding any transferred-in withdrawal benefits)/( portable credit benefit) Fr. ....

6.2 Did the withdrawing person bring a withdrawal benefit? Fr. ....

If yes: (BVG share: Fr. ....) Fr. ....

Answer either Question 7.1 or Question 7.2:

7.1 The EBI itself will settle the withdrawal claim and requests the transfer/credit of the value of the refund (**imperative in the event of a cash payment\***):

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

7.2 The EBI requests the Baloise to settle the withdrawal claims in accordance with the regulations.

Address of the withdrawing person:

Street: ..... Postal code/Town: .....

The withdrawing person's claim to a withdrawal benefits has to be discharged as follows:

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

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

Withdrawing person's signature: .....

Transfer to a portable credit account\*

**\*Please note the explanations on reverse side**

Please send a further supply of forms (Individual Foundation)

Place and Date: ..... Seal and signature of the employee benefit institution

Please turn over

.....

## 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.

A certificate attesting that the account is exclusively and irrevocably used for welfare purposes has to be handed in to the Baloise.

### 4. Indication in case of cash payment:

Cash payment in favour of a married withdrawing person is only effected, if the spouse agrees in writing.

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.

In case of cash payment of the withdrawal benefit, it has to be checked whether the insured person has to pay source tax. The welfare institution is responsible for any source tax to be charged.

a) Leaving Switzerland permanently:

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

b) Becoming self-employed and therefore no longer subject to compulsory insurance:

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

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

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