

Form for active insured persons

Application for cash payment of vested benefits

Send to: Pension Fund of the Siemens Companies in Switzerland,
Freilagerstrasse 40, 8047 Zurich

Preliminary remark

The cash payment of assets from occupational pension schemes (vested benefits) is governed by law and is possible in certain cases only. Please refer to the «Paying out vested benefits in cash» information sheet on our website at www.pk-siemens.ch → Infocenter/Information sheets and forms.

Insured person

Last name:	First name:	
Street name, no.:		
Postcode:	City:	Country:
Date of birth:	Insurance no.:	
Marital status:		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Registered partnership <input type="checkbox"/> Dissolved partnership		
Employer:		
Tel. no.:	E-mail address:	

Reasons for the cash payment

a) Leaving Switzerland permanently

<input type="checkbox"/> I am leaving Switzerland permanently and giving up my employment in Switzerland.	Date of departure from Switzerland:	
Address abroad:		
Street name, no.:		
Postcode:	City:	Country:

→ Please enclose confirmation of deregistration from Switzerland and registration in the foreign country.

→ Please note following page.

b) Taking up self-employment

I am taking up self-employment and am no longer subject to mandatory occupational benefits insurance as of (date):

→ Please enclose confirmation from your AHV compensation office to prove that you are registered as self-employed.

c) Small pension pot

My available vested benefits are smaller than one annual employee's contribution (savings contribution) and I have no vested benefits other than those in the Siemens Pension Fund.

Signature

I confirm that I have completed this form truthfully and completely, and that I am aware of the legal provisions.

Last name:

First name:

Place/date

Signature of insured person

Consent of the spouse or registered partner:

I consent to the cash payment of the vested benefits.

Last name:

First name:

Place/date

Signature of spouse/registered partner

Official certification of this signature:

Certifications in Switzerland: Municipal or city council office, notary

Place/date

Official stamp/signature

Your bank details

Name of bank:

Postcode:

Town:

Country*:

IBAN:

SWIFT code*:

Account holder (first name, last name):

* for international payments

Required documents/confirmations

- Current certificate of civil status of the insured person (obtainable from the registry office; the certificate must be no more than three months old on the date of the payout)
 - Confirmation from the AHV compensation office (when taking up self-employment as your primary occupation)
 - Confirmation of deregistration from Switzerland and registration in the foreign country (when leaving Switzerland permanently)
 - Official certification of the spouse's/registered partner's signature (on the second page of this document; the certification must be no more than three months old on the date of the payout)
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