Profond Vorsorgeeinrichtung Zollstrasse 62 8005 Zürich T 058 589 89 81 Profond Institution de prévoyance Rue des Côtes-de-Montbenon 16 1003 Lausanne T 058 589 89 81

## Payment details for my vested benefits

Surna	ame		First name								
Civil	status	E-mail									
Date	of departure	1	SC no.								
Empl	oyer		Contract no.								
□ 1.	(Confirmatio Name of the Address of the IBAN of the r	employer and a new pension of the new pension of the new pension of the new pension fund the new pension fund the new pension fund the contract number	n fund und incl. account details enclosed)								
 □ 2.	I do not have a new employer and have opened a vested benefits account (Copy of the opening application enclosed)  Name of the vested benefits foundation										
		rested benefits account									
	Fron	om the age of 58 ease note the point below and tick it as necessary.									
	t! d	nat I am registered as unemploes not receive any notifical	on the termination date and confirm that I will continue to work or bloyed with the Unemployment Insurance Authority. If Profond tion within three months of leaving the pension relationship, the natically due on the date of departure.								
□ 3.	I apply for ca	sh payment as the result of	starting freelance work								
		uments: Please enclose the 'can find this form under dov	'Application for cash payment upon taking up self-employment". vnloads at www.profond.ch								
□ 4.	. I apply for cash payment due to low value  (The vested benefit is lower than my personal annual contribution according to the pension card)  Insured person's bank										
	IBAN		BIC/SWIFT								
□ 5.	Switzerland		cash payment after final cessation of gainful employment in e outside EU/EFTA) or 7 (residence inside EU/EFTA)								
□ 6.	I apply for cash payment of my vested benefits in full due to final departure to a country <u>outside</u> the EU/EFTA area.  The entire vested benefits less Withholding Tax will be transferred to my private account.										
	Doce - -	<b>ocuments:</b> Please submit the following documents:  Final confirmation of official deregistration from place of residence in Switzerland  Cross-border commuters should also enclose confirmation of return of the Migration Office work permit.									
	Insured person	on's bank									
	IBAN		BIC/SWIFT								

Version 2025-1 1/2

## **Profond**

П	7.	l apply	v for cas	h pav	ment of	mv v	vested b	penefits	due to	final d	eparture	to a	country	/ inside	the El	J/EFT/	area.
_		uppi	y ioi cas	ii pay	ment of	III y	v Colcu i		uuc it	, illiai a	cpai tai c	to a	Country	, <u>111314C</u>		<i>)</i>	t ai ca.

The **BVG vested benefit** will be transferred to my vested benefits account (details under Item 2). The **supplementary portion of the vested benefits** less Withholding Tax will be transferred to my private account.

If you are <u>not</u> subject to compulsory social security payments in the new country of residence, you may request cash payment of the entire vested benefits (BVG vested benefits incl. supplementary cover). The form required to substantiate the lack of compulsory insurance in the new country of residence can be downloaded from the website of the BVG Guarantee Fund (<u>www.verbindungsstelle.ch</u>) and submitted to the BVG Guarantee Fund as an original copy:

BVG Guarantee Fund, Eigerplatz 2, PO Box 1023, 3000 Bern 14

**Documents:** Please submit the following documents:



- Final confirmation of official deregistration from place of residence in Switzerland
- Cross-border commuters should also enclose confirmation of return of the Migration Office work permit.
- Copy of application form to BVG Guarantee Fund, if payout of the entire vested benefits (BVG vested benefits incl. supplementary cover) is requested.
   We will withhold payment until a final decision has been made by BVG Guarantee Fund.

We will withhold payment until a	We will withhold payment until a final decision has been made by BVG Guarantee Fund.							
Insured person's bank	sured person's bank							
IBAN	BIC/SWIFT							
Confirmation The insured person and – insofar as they are married or registered partner acknowledges/acknowledge that per against Profond have been satisfied.	living in a registered partnership – their spouse or their nsion cover ceases upon cash payment and all claims							
Place, date	Signature of insured person							
Place, date	Spouse's or registered partner's signature							

**Documents:** If cash payments are **less than** CHF 5000, please submit a copy of the official identity document of the spouse or registered partner. **Unmarried persons** (single/widowed) are requested to always submit an **up-to-date official civil status certificate.** The **civil status certificate** and **official certification must not be older than six months** at the time of payout.

If we have not received any transfer information from you after six months from the termination date, we will, based on Art. 4 (2) of the Vested Benefits Act (FZG), transfer your vested benefits to the following foundation (applies exclusively in the case of vested benefits, i.e. if no retirement benefits are due):

BVG contingency fund Vested benefits accounts Mailbox 8050 Zurich

(Only required for cash payments above CHF 5000)

Full details can be found in the following information sheets at www.profond.ch/downloads:

Official certification of spouse's/registered partner's signature by notary or local authority

- Information sheet for departing insured persons
- Information sheet "Cash payment of vested benefits"