Request for transfer of my vested termination benefit						
(Home address:	Personnel no				
		AVS/AHV number Sex rk (full capacity for work)?				
	Please transfer my vested termination benefit					
	□ 1) to my new employer's Pension Fund					
	Name and address	of the new pension fund:				
-	New employer or	Contract No.:	1			
	2) Cash payment	- Art. 5 LFLP/FZG	\			
	☐ I am leaving Switzerland permanently for a country which is not a Member State of the EU or EFTA (please attach a certificate from the inhabitants' registration bureau)					
	☐ I am leaving Switzerland permanently for a country which is a Member State of the EU or EFTA (please attach a certificate from the Security Fund: Fonds de garantie LPP, Case postale 1023, 3000 Bern 14 (+41 (0)31 380 79 71), www.verbindungsstelle.ch)					
	☐ I am becoming self-employed (please attach the affiliation certificate from your AVS/AHV Compensation Fund which proves that you are self-employed for less than a year)					
	The spouse's signature and a copy of the spouse's identity document are obligatory. If the names of the spouses are different, a copy of the family record book or marriage certificate must be provided.					
7	3) Vested benefits policy or account (please attach the application document)					
	Name of the bank or insurance company:					
	Address of the bank or insurance company:					
	Contract No.:)			
	Payment details, to be completed in all cases 1, 2 or 3 Please attach a pay-in slip or your bank account details					
	□ Post Office	CCP:				
	□ Bank	A/c No. (IBAN):				
		Name, post code, town:				
		Clearing, SWIFT or BIC code:				
		Account holder:				
	Unless you hear from me within 6 months of my leaving the Fund, my vested termination benefit will be transferred without notice, at my own expense, to the LPP/BVG Substitute Pension Plan.					
Date: Signature:						
N	Neuchâtel, 08.12.2015 Signature of the spouse or partner:					

Must be completed / Tick the appropriate box

If you have a new employer, you must arrange to transfer your vested termination benefit to the occupational benefits institution of your new employer.

If you move abroad or become self-employed, you must tick one of the following options:

- 1. If you move to a country outside the EU or EFTA, you can have the full amount of your vested termination benefit paid into a current account.
- 2. If you move to an EU or EFTA country, only the extra-mandatory part of your vested termination benefit can be paid out in cash; the mandatory part must be transferred to a vested termination policy or account.
- If you become self-employed, you can have the full amount of your vested termination benefit paid into a current account.

If you do not have a new employer, you must arrange to transfer your vested termination benefit to a vested benefits policy or account.

Must be completed in all cases. The bank details that you provide correspond to point 1, 2 or 3. We cannot make payment unless we receive your account details, a pay-in slip, or confirmation of the opening of an account.

Must be completed in all cases. If you wish payment to be made to a current account you must obtain the signature of your spouse or partner.

Request for tra	nsier of my vested termination benefit		
Home address:			
Marital status	AVS/AHV number Sex		Must be completed / Tick the appropriate b
Are you fully able to work Is an application pending	(full capacity for work)?		Mast be completed? Not the appropriate t
Please transfer my vest	ted termination benefit	\	
□ 1) to my new emplo	yer's Pension Fund	If you have a new employer, you must arrar your vested termination benefit to the occur	
Name and address of	f the new pension fund:		institution of your new employer.
New employer or Co	ontract No.:	,	
2) Cash payment - A	Art. 5 LFLP/FZG	\	
My termination payment is less than my annual contributions.			You can have your vested termination bene current account.
	re and a copy of the spouse's identity document are obligatory. If the names of ent, a copy of the family record book or marriage certificate must be provided.) `	current account.
☐ 3) Vested benefits p	policy or account (please attach the application document)		
Name of the bank or	insurance company:	If you do not have a new employer, you mu	
	or insurance company:		transfer your vested termination benefit to a policy or account.
Payment details to be	e completed in all cases 1, 2 or 3		
	slip or your bank account details	1	
□ Post Office	CCP:		Must be completed in all cases. The bank
□ Bank	A/c No. (IBAN):		provide correspond to point 1, 2 or 3. We d
1	Name, post code, town:		payment unless we receive your account d slip, or confirmation of the opening of an ac
	Clearing, SWIFT or BIC code:		onp, or community or an ac
	Account holder:)	
	tale a c l t a F l t a l a l a l a l a l a l		
Uniess you hear from me transferred without notic	within 6 months of my leaving the Fund, my vested termination benefit will be ee, at my own expense, to the LPP/BVG Substitute Pension Plan.	1	Must be seembled in all seems 15
Date:	Signature :	←	Must be completed in all cases. If you wis made to a current account you must obtain
Neuchâtel. 08.12.2015	Signature of the spouse or partner:		your spouse or partner.

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