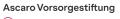


# Request for cash withdrawal upon leaving

Contact in the event of que	estions:		
Surname			First name
Leaving date			Date of birth
Tel			E-mail
Please mark the appropriat submit all necessary docur			nplete the corresponding fields in full. Please n.
☐ Start of self-emp	oloyment		
Self-declaration on my self	f-employme	nt:	
Main source of income?	□Yes	□ No	self-employed from
I hereby confirm that from	the above da	ate,	
<ul><li>my main source of income will be from self-employment;</li></ul>			
<ul><li>I will invest my entire vested benefit in my own company;</li></ul>			
<ul> <li>I will no longer be subject to mandatory occupational benefits provision.</li> </ul>			
Required documentation:			
<ul> <li>Confirmation of recognition of self-employment by the competent OASI compensation office (no older than three months)</li> <li>Single, divorced or widowed persons: marital status certificate or current certificate of residence, on which the current marital status is visible</li> <li>Married persons/registered partnership: copy of family certificate/same-sex partnership certificate</li> </ul>			
☐ Moving abroad			
If you move to an EU or EFTA country, the cash payment of the full amount is only possible if you are not subject to compulsory state insurance for disability, death and old age in your new place of residence.			
New address abroad:			
Street/No			Postcode/town
Country			Moving abroad as of







### Required documentation:

- Certificate of departure from the commune of domicile and/or certificate of arrival at the new place of residence
- Single, divorced or widowed persons: marital status certificate or current certificate of residence, on which the current marital status is visible
- Married persons/registered partnership: copy of family certificate/same-sex partnership certificate

## □ Insignificance

If the termination benefit is less than one annual contribution of the insured person.

#### Required documentation:

- Single, divorced or widowed persons: marital status certificate or current certificate of residence, on which the current marital status is visible
- Married persons/registered partnership: copy of family certificate/same-sex partnership certificate

## Payment details

The transfer will be made to the following account: Name and address of the bank Account details IBAN Account holder Place, date Insured person's signature Place/date Signature of the spouse/registered partner\*

#### Please note:

identity card.

Insofar as the vested benefit is pledged, the written consent of the pledgee is required for the cash payment.

\*The signature must be officially certified or made in person in the Foundation's offices on presentation of a passport or

Cash payments exceeding CHF 5,000 are reported to the Federal Tax Administration if there is no withholding tax liability.