

Information for the transfer of vested benefit

Please complete the following questionnaire on the basis of your current situation and return it to us duly signed together with any relevant documents

Madam Sir Réf. contract (Previous employer):

Surname: Forename:

Address: Postcode and city:

Phone number E-mail address:

NSS/N° AVS: Date of birth:

Marital statut: Single Married Widow(er) Divorced
 Registered partnership Dissolved partnership

Application for transfer of the vested benefit to the pension scheme of the new employer or, if you do not have an employer, to a vested benefits policy/account.

You have a new employer: Please provide below the details of the pension scheme of your new employer and attach a paying-in slip to transfer your accrued capital.

You do not have a new employer at present: Please open a frozen vested benefits account at a bank of your choice and send us a copy of the form for opening this account as well as a paying-in slip.

If you have already opened a vested benefits account, please provide the details below.

Payment details:

Name and address of the vested benefits scheme:

Name and address of the new employer:

Bank Post Office / Account No. (if IBAN is not possible):

Bank (name, city/town/village): _____ SWIFT code/ BIC: _____

Clearing/CB: _____

IBAN (max. 34 characters): _____

Account holder: _____

Contract No: _____

(Please attach a paying-in slip or provide a bank account number (BAN)).

Administrative address

Fondation Patrimonia
Rue Saint-Martin 7
CH-1003 Lausanne

Headquarter

Fondation Patrimonia
Rte François-Peyrot 12
CH-1215 Genève 15

info@patrimonia.ch
T +41 58 806 08 00



Application for a cash refund of the vested benefit

You become self-employed (main occupation in Switzerland)

We wish to draw your attention to the fact that this payment is liable to tax and that the Federal Tax Administration will be duly notified.

Please provide below the details of the banking establishment where which you wish to receive your vested benefit

⇒ To be attached:

- - a certificate from the OASI fund in your canton as proof of your new self-employed status
- - an updated certificate of marital status (to be requested from the municipality of residence or origin or from the Town Hall)

You are leaving Switzerland permanently for a country that is not a member state of the EU or EFTA

The entire vested benefit can be paid in cash.

You are leaving Switzerland permanently for a country that is a member state of the EU or EFTA

Pursuant to the Agreement on the Free Movement of Persons and in accordance with EU law, payment of compulsory benefits (minimum pursuant to the Law on Occupational Benefits) in cash has been subject to certain restrictions since June 2007.

1. Non-resumption of gainful employment

Total payment of the compulsory benefit is possible if confirmation is provided that the insured person is not subject to the social insurance system in the country of destination, in a document issued by the relevant authority of this country to be returned to us. To obtain the appropriate form or for any other information, please contact the LOB Guarantee Fund Foundation, Management Board, Eigerplatz 2, P. O. Box 1023, 3000 Berne 14, Tel. +41 (0)31 380 79 71, <https://sfbvg.ch/en/tasks/cash-payment-procedure>

2. Resumption of gainful employment in the country of destination

In this case, payment of the compulsory benefit is not possible. The accumulated pension assets remain in Switzerland or are paid into a frozen account. Please open a frozen vested benefits account at the bank of your choice and send us a copy of the form for opening this account as well as a paying-in slip.

⇒ To be attached:

- an official leaving certificate (for residents in Switzerland)
- cancellation of the work permit (for cross-border commuters only and issued by the relevant Residents' Registration Office)
- a certificate of residence in the foreign country (in all cases)
- an updated certificate of marital status (to be requested from the municipality of residence or origin or from the Town Hall)

Please complete below the particulars of the banking establishment where you wish to receive your vested benefit (subject to tax that is directed at source upon payment of the vested benefit).

Payment details: (Please attach a paying-in slip or provide a bank account number BAN).

Bank Post Office Account No. (if IBAN is not possible):

Bank (name, postcode, city/town/village, country):

SWIFT code/BIC: _____

Clearing/CB: _____

IBAN (max. 34 characters): _____

Account holder: _____

Place and date:

Signature of the insured person:

Official authentication of signature of the spouse/partner:
Obligatory if payment is made in cash.

⇒ To be attached:

- a copy of the identity card or passport of everyone who signed on this form.
- An official authentication of the signatures is required by the Foundation before a payment is made.

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