



Exit notification

For early or partial retirement, please use the form Retirement notification by the employee.

For information on maintaining pension protection, please refer to the Exit information sheet.

Employer

Pension plan

Insured person

Name

First name

Date of birth

Marital status upon leaving

single married divorced widowed
 registered partnership dissolved partnership

Social security number

756.

Street, no.

Postcode, City

Discharge per

Fully fit for work and employable
per leaving date

Yes No*

*Please enclose the form Reporting disability of the reinsurer.

Leaving due to staff reduction or
restructuring

Yes No

Place

Signature of employer

Date

Information on the use of the vested termination benefit

If the information on the use of the vested benefits is omitted, the Independent Joint Foundation Zurich UGZ transfers the vested benefits to Stiftung Auffangeinrichtung BVG by law.

Insured person

Name, first name

Street, No., Postcode / City

Contact address for queries during the day (e-mail or telephone number)

For persons who have exceeded the earliest possible regulatory retirement age (from age 58)

Will the employment be continued?

Yes

No

Do you have a new employer?

Yes

No

If you do not have a new employer, have you already registered with an unemployment insurance fund?

Yes

No

Transfer to a new pension scheme

New employer

Street, no.

Postcode, City

New pension scheme

Contract number

Street, no.

Postcode, City

Bank / Post Office (name, address)

IBAN number / postal account

Please enclose payment slip

Establishment of a vested benefits account or vested benefits policy

Preservation of pension protection

Vested benefits account

Vested Benefits Policy

Bank / Post Office / Insurance (name, address)

IBAN number / postal account

Please enclose payment slip

Cash payment

Please complete the form "Cash payment of the vested benefits". Explanations on the cash payment can be found in the information sheet "Cash payment of the vested benefits".

Signature of the insured person

Place

Date

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