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Sulzer Vorsorgeeinrichtung
Zürcherstrasse 12, 8400 Winterthur
www.sve.ch

ADDITIONAL APPLICATION NO. 3

Application for cash payment due to cessation of employment in Switzerland

Important note: This Additional Application is only valid in combination with the "Departure Form"

Please send the original of this Additional Application together with the Departure Form and the required documentation to Sulzer Vorsorgeeinrichtung, Zürcherstrasse 12, Postfach, 8401 Winterthur.

Personal details

Name and first name

E-mail private

Employee No.

Tel.

I hereby apply for the cash payment of my termination benefits

I have made voluntary contributions in the last three years:

☐ Yes ☐ No If yes: Cash payment of these purchases is not permitted. Please name a vested benefits institution of your choice (see A + C Vested benefits institution).

☐ **A Move to an EU/EFTA state**
- ○ I am leaving Switzerland permanently and am no longer employed in Switzerland.
- ○ I enclose my definitive confirmation of departure from my current place of residence together with this Additional Application.

☐ **B Move to a state outside the EU/EFTA**
- ○ I am leaving Switzerland permanently and am no longer employed in Switzerland.
- ○ I enclose my definitive confirmation of departure from my current place of residence together with this Additional Application.

☐ **C As a cross-border commuter, I am permanently giving up my employment in Switzerland**
- ○ I have relinquished my cross-border commuter permit (permit G EU/EFTA).
- ○ Together with this Additional Application, I enclose the confirmation provided by the relevant authority.

A + C My place of residence is in an EU/EFTA state

☐ I continue to be subject to mandatory social insurance in the EU/EFTA state in question
- ○ The BVG minimum of your termination benefits required by law, known as the compulsory portion, must be transferred to a vested benefits institution of your choice.
- ○ You may apply for your non-compulsory portion (the portion in excess of the BVG minimum) to be paid in cash into your private account.
- ○ If you are no longer subject to social insurance, official evidence provided by the LOB Guarantee Fund (liaison office between EU/EFTA state and Switzerland) must be sent to us within 6 months → Form **Sicherheitsfonds BVG.ch**

Vested benefits institution – compulsory portion (BVG portion) and/or voluntary contributions of the past 3 years

☐ I have opened a vested benefits account or taken out a vested benefits insurance policy. Together with this Departure Form, please find enclosed my signed application for opening the account and/or taking out the policy, including bank details.

☐ I wish the funds to be transferred to the Substitute Occupational Benefits Institution BVG, Vested Benefits Accounts, P.O. Box, 8050 Zurich. Please open a vested benefits account there on my behalf.

My private account – cash payment of non-compulsory portion

Bank (address/branch)

IBAN

B My place of residence is in a state outside the EU/EFTA.

☐ I hereby apply for the cash payment of all my termination benefits into my private account.

If voluntary contributions have been made in the last three years: Please name a vested benefits institution of your choice (see A + C Vested benefits institution).

Bank (address/branch)

IBAN

BIC/SWIFT no.

A + B New address

Street

Postcode/town

Country

A + B + C Marital status (mandatory in the event of cash payments upwards of CHF 20’000)

☐ **married / registered partnership**

Notarisation by notary’s office: The signature of my spouse/registered partner on this supplementary application has been notarised by a notary’s office (see below). Please note: Notarisation by the municipality is not sufficient.

☐ **Other civil status**

Certificate of civil status: Together with this Additional Application, I enclose a copy of a current (no older than 6 months) certificate of civil status (official document of civil status). Please note: Confirmation of your place of residence is not sufficient.

Signatures

The insured person and – if they are married or in a registered partnership – their spouse confirm with their signatures that the information they have provided is correct and that they have understood the content of this form.

Place/date

Signature of insured person

Agreement of spouse / registered partner

I agree with the cash payment of the termination benefits and confirm that I know the amount of these termination benefits.

Name and first name

Place/date

Signature of spouse / registered partner

Notarisation of signature of spouse / registered partner by notary’s office
(Valid for page 1/2 and page 2/2)

Issuer/place

Date/signature/stamp