

ADDITIONAL APPLICATION NO. 4

Application for cash payment due to commencement of self-employment

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 due to the commencement of self-employment in Switzerland as a primary occupation

- ☐ I am establishing myself as a sole trader and not as a legal entity (especially GmbH/Ltd or AG/corporation)
- ☐ Using the documents enclosed, I can prove to you convincingly that I have indeed commenced, or will be commencing self-employment as a main occupation and am no longer or will no longer be subject to obligatory pension coverage.

Several employment activities

Besides being self-employed, I shall be working in other employment.

☐ Yes ☐ No

If Yes:

Activity (profession)

Annual income, CHF

Workload %

Name/address of employer

My Company

Company name

Website

Sector/activity

Additional information

Self-employment begins (DD/MM/YYYY)

Evidence of self-employment

- ☐ Please find enclosed a confirmation/ruling from the AHV compensation fund stating that I am registered with and accountable to the AHV as a self-employed person.

On the basis of the enclosed documents listed hereafter, please verify that I will be commencing or have commenced self-employment as my main occupation:

- | | | |
|---|--|--|
| ☐ Commercial register entry | ☐ Employment contracts with employees | ☐ Client contracts/quotes |
| ☐ Contract of sale (if acquiring a company) | ☐ Business plan | ☐ Invoices/receipts |
| ☐ Rental/leasing contract, business premises | ☐ Advertising materials | ☐ |

Buying into Pillar 2

I have made voluntary contributions in the past three years.

- ☐ Yes ☐ No If yes: Cash payment of these purchases is not permitted. Please name a vested benefits institution of your choice.

Vested benefits institution / transfer of voluntary contributions made in 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.

My private account / cash payment of my termination benefits (excluding voluntary contributions made in the past 3 years)

Bank (address/branch)

IBAN

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.

Note: The SVE is not liable for cash payments made erroneously on the basis of incorrect personal declarations or omitted documentation.

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