

Application no. in addition to the Departure Form

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 / first name	Employee no.
E-mail (private)	Tel.

I hereby apply for the cash payment of my termination benefits

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.

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.

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.

+ 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

Vested benefits institution / compulsory portion (BVG portion) and 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.**

My private account / cash payment of non-compulsory portion

I have made voluntary contributions in the past 3 years.

Note: In such cases, cash payments of voluntary contributions are not permitted.

Bank (address/branch)

IBAN

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.

I have made voluntary contributions in the past 3 years.

Note: In such cases, cash payments of voluntary contributions are not permitted. Please indicate a vested benefits institution of your choice (see above + **vested benefits institution**).

Bank (address/branch)

BIC/SWIFT no

IBAN

+ + Please complete the following page

+

New address

Street

Postcode / town

Country

+ + Mandatory in the event of cash payments upwards of CHF 20,000.00

Marital status

Married / registered partnership

Official notarisation of signatures

The signature of my spouse/registered partner on this Additional Application has been **officially notarised** (see below).

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) (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

First name

Place / date

Signature of spouse / registered partner

Official notarisation of spouse's / registered partner's signature

(Valid for page 1/2 and page 2/2)

Issuer / place

Date / signature / stamp