

## Application no. in addition to the Departure Form

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

Workload %

Annual income, CHF

Name / address of employer

#### My company

Company name

Sector / activity

Self-employment begins (DD/MM/YYYY)

Website

Additional information

#### 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	

Please complete the following page

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.

**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

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

**Marital status**

Married / registered partnership

**Official notarisation Signature**

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.

Note: The SVE/JJS 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 (mandatory in the event of cash payments upwards of CHF 20,000.00)**

I **agree** with the **cash payment** of the termination benefits from the SVE (Sulzer Vorsorgeeinrichtung) and from the JJS (Johann Jakob Sulzer Stiftung) and **confirm** that I **know** the **amounts** 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