

Please send this form to your previous employee benefits or vested benefits institution:*)

Address

↓ ↓ ↓ ↓

Transfer of vested benefit

Insured person

Last name*) _____ First name*) _____
 Insured person's no.)* 756. Contract*) _____
 Street, no.)* _____
 Post code, place*) _____
 Date of birth*) _____ Gender*) Woman Man

Instructions for previous employee benefits institution

- Please terminate my vested benefit policy / close my vested benefits account no. _____
(please delete as appropriate)
- Please transfer my entitlements to my employee benefits institution
- Please indicate the mandatory portion of the total amount in the transfer
- Please send a copy of your withdrawal statement or complete all information required on the following page of this form
Correspondence address: **Swiss Life Ltd, Corporate Business, P.O. Box, 8022 Zurich**

Signature

Insured person*)

Date

Place

Signature

Payment office (Required details for the transfer order)

Recipient Swiss Life Ltd, Group insurance, P.O. Box, 8022 Zurich

IBAN Account CH77 0900 0000 8000 0936 4

Last name, first name*) _____
 Contract / Insured person's no.)* _____ / 756. Date of birth*) _____
 BVG proportion of transfer*) CHF _____
 Purpose of payment «Vested benefit»

*) Entry required

Necessary information

Please complete on the following page of the form in full or send a copy of the withdrawal statement.



Swiss Life Ltd
Corporate Business
P.O. Box
8022 Zurich

Insured person

| | | | |
|------------------------------------|---------------------------|--------------------------|---|
| Last name ^{*)} | <input type="text"/> | First name ^{*)} | <input type="text"/> |
| Insured person's no. ^{*)} | 756. <input type="text"/> | Contract ^{*)} | <input type="text"/> |
| Street, no. ^{*)} | <input type="text"/> | | |
| Post code, place ^{*)} | <input type="text"/> | | |
| Date of birth ^{*)} | <input type="text"/> | Gender ^{*)} | <input type="checkbox"/> Woman <input type="checkbox"/> Man |

Necessary information

All amounts are in CHF

Please indicate with your withdrawal statement

| | Date | BVG portion | Total |
|--|----------------------|----------------------|----------------------|
| • Vested benefit ^{*)} | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Vested benefit at 50 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Purchase of insurance years | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Vested benefit upon marriage / registration of partnership | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Initial notification of vested benefit | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Transferred vested benefit due to divorce / dissolution of registered partnership | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Repayment of transferred vested benefit due to divorce / dissolution of registered partnership | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Prepayment for home ownership | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Pledged employee benefits | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Repayment of home ownership prepayment | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Name of pledge holder | <input type="text"/> | | |
| | <input type="text"/> | | |
| • Lump-sum payment due to partial retirement | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| • Retirement savings converted to an annuity as a result of partial retirement | <input type="text"/> | <input type="text"/> | <input type="text"/> |

^{*)} Entry required