Departure notice

Employer

Employer			
Last name:	Post code/place:	Contract no.:	
Insured person			
First name:	Last name:	Last name:	
Street, no.:	Post code/place:	Post code/place:	
Date of birth:	AHV no.:		
Is the insured person married?	🗆 yes 🗆 no	Date of marriage:	
End of employment:	Retirement? 🗆 yes 🗆 no	Retirement? 🗆 yes 🗆 no	
Leaving as a result of job cuts / rest	ructuring? 🛛 yes 🗆 no		
Transfer of vested benefits The vested benefits must be trans Name of new employer: Name of pension fund:		v employer. ost code/place: ost code/place:	
Bank / post office account details:			
Post office account:	Bank account:		
Cash payment of vested ben			
Vested benefits are to be paid out are detailed on the reverse side.	t in cash; grounds for the cash payme	int and the documents required	
□ The insured person is self-employ	red and is no longer a member of a m	andatory occupational pension fund.	
□ The insured person is leaving Swi	tzerland for good on:	Destination country:	
Confirmation date:	Signature of spouse:	Signature of insured person:	

Bank / post office account details:

Post office account:

Bank account:



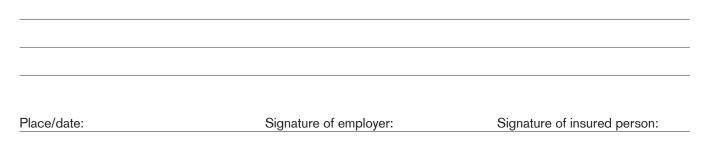
Maintenance of pension coverage

□ The vested benefits are preserved by opening a vested benefits account at a Swiss bank.

It is possible to preserve them in this way if the vested benefits cannot be transferred to a new pension fund or paid out in cash. If ÖKK Occupational pensions does not receive any instructions, it shall determine the way the pension coverage is maintained.

We hereby confirm that the insured person is fully able to work upon leaving the company. If they are unable to work, this must be noted in the relevant section.

Notes



Grounds for cash payment and required documents

The pension fund must verify whether the requirements are met for a cash payment to be made.

If the insured person is leaving Switzerland for good: Signed confirmation from the insured person on the front side and confirmation from residents' registration office.

If the insured person becomes self-employed and is no longer a member of a mandatory occupational pension fund: Signature of insured person on the front side as well as confirmation from AHV compensation fund.

If the vested benefits are less than one annual contribution of the insured person: □ Mark "x" here and ensure the signature of the insured person is on the front side.

Depending on the case, the following documents are required and must be submitted with the "Departure notice" as applicable.

For married persons, their spouse's signed consent is required on the front page. A copy of the spouse's passport or ID must also be provided. The spouse's signature must be official notarised on the departure notice (notary/municipality).

For single people, a confirmation of marital status must be provided.

The pension fund may request additional information and documents as necessary.

