

GEMINI Collective Foundation
c/o Avadis Vorsorge AG
Zollstrasse 42
P.O. box
8031 Zurich

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Details for the transfer of the vested benefits

Insured person's details

Employee benefits unit		
Company		
Fund type	<input type="checkbox"/> Pension fund	<input type="checkbox"/> Management scheme/supplementary fund
Insured person		
Surname		
First name		
OASI number	Insurance number	Gender
Date of birth	Marital status	
Address		
Postcode and city		

In accordance with Art. 3(1) of the Vested Benefits Act, vested benefits must be transferred to the employee benefits institution of the member's new employer. If you are not insured with another pension fund, your vested benefits must either be transferred to a vested benefits account with a bank or invested in a vested benefits policy with an insurance company. Under certain circumstances, a cash payment is also possible.

If you do not notify us of a payment address, we will transfer the vested benefits to the Substitute Occupational Benefit Institution in accordance with the statutory provisions.

1 Change of employer – transfer to my new pension fund

If possible, please enclose payment slip

New pension fund
Address/city
Bank/postal account details
IBAN
New employer

2 Interruption of employment – transfer to a vested benefits account

- ☐ Please transfer my vested benefits to the Substitute Occupational Benefit Institution, Vested Benefit Accounts, P.O. Box, 8050 Zurich. They will inform me directly of the opening of my vested benefits account.
- ☐ I have opened a vested benefits account with my bank. Please enclose the application to open said account so that we can transfer your vested benefits.
- ☐ I have set up a vested benefits policy with an insurance company. Please enclose the application to open said account so that we can transfer your vested benefits.

3 Cash payment

Cash payment is only possible if one of the following reasons applies:

- ☐ My vested benefits are lower than my annual personal contribution.
- ☐ I am becoming self-employed in Switzerland in my main occupation and am no longer subject to mandatory occupational benefits insurance. Please find enclosed a current confirmation from the OASI compensation fund that I am entered into as a self-employed person in my main occupation.
- ☐ I am leaving Switzerland permanently.
 - ☐ I no longer work and live in Switzerland or Liechtenstein and am moving to a country **outside** the **EU/EFTA**.^{*} I have enclosed the deregistration confirmation issued by my local authority. Please provide the information requested under 3.1–3.3.
 - ☐ I no longer work and live in Switzerland or Liechtenstein and am moving to a country within the **EU/EFTA**.^{*} I have enclosed the deregistration confirmation issued by my local authority (**cross-border commuters: current confirmation of residency**). The extra-mandatory share can be paid out in cash. Please provide the information requested under 3.1–3.3.

The payment of the LOB portion requires proof that there is no mandatory social insurance in the new country of residence. Please contact: LOB Guarantee Fund, 3000 Bern 14, phone 031 380 79 71 or obtain the relevant information at www.sfbvg.ch

Should no respective proof be submitted, a vested benefits account will be opened in your name with the Substitute Occupational Benefit Institution, Vested Benefit Accounts, P.O. Box, 8050 Zurich at the same time as the extra-mandatory credit for the LOB portion is disbursed.

^{*} EU/EFTA countries
Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Croatia, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Principality of Liechtenstein, Romania, Slovakia, Slovenia, Spain, Sweden, Principality of Liechtenstein

3.1 Account for cash payment

Name of the bank

Street

Postcode and city

IBAN

SWIFT/BIC (for payments abroad)

Name of the account holder

3.2 Permanent residence address abroad

3.3 Signatures

I hereby declare that I have read the above information and have completed the form truthfully and completely.

Place/date

Signature

Place/date

Signature of the spouse/registered partner

3.4 Notarisation / Confirmed marital status:

For **cash payments exceeding CHF 10,000.00**, we require the certified **approval** of the spouse or partner in the case of **married** persons or persons living in a **registered partnership**.

The notarisation must be made using this form and can be obtained from the commune where you are resident, from a different commune or from HR.

All other persons must submit a current certificate of marital status (not older than 6 months from the date of leaving the pension fund).

Notarisation / Confirmation was provided by

- ☐ from the commune
- ☐ a notary
- ☐ from HR / **First and last name in block letters** _____

Papers presented: ☐ ID ☐ Passport number: _____

Place/date

Signature of the witness/notary