

| | | |
|---|----------------|--|
| Remittance of vested benefits on contracting out | Form A | Livica Collective foundation |
| Leaving date: | Company: | |
| Surname: | First name: | |
| Social Security no. (AHV-Nr.): | Date of birth: | |

I hereby authorise the remittance of my vested benefits as below:

A) Pension scheme of new employer

| | |
|-----------------|--|
| Name | |
| Address | |
| Postcode / town | |

new employer

| | |
|-----------------|--|
| Name | |
| Address | |
| Postcode / town | |

B) Instructions if there is no new employer:

- Remit vested benefits to an account at a bank:
→ Please send us the account application form and the deposit slip

C) I would like to receive a **cash payout (remittance to private account)**

- Relocation abroad → Please send us the Confirmation of deregistration from local authority office
- Self-employment → Please contact us
- Credit balance is less than my annual contribution (employee's contribution)

| | |
|--|--|
| Address for remittance: (Please enclose deposit slip) | |
| Postfinance Account | |
| Bank | |
| IBAN | |
| Date | |
| Signature | |

In case of cash payment:

Signature of spouse/civil partner:

(Important: the insured person must sign the form in the personnel office at his or her place of work, duly producing official evidence of his or her identity, or have the signature certified by a notary)

Confirmation from personnel office:

Date: Stamp/signature:

Indicate as applicable

| | |
|--|----------------|
| Send to: Livica Sammelstiftung, Postfach, 3000 Bern 22 | info@livica.ch |
|--|----------------|

Dear Insured Person,

On leaving the scheme you will receive all your vested benefits, which are made up of the employee and employer contributions, any additional capital contributed by the foundation, and the vested benefits transferred from previous pension schemes as the opening balance, all including interest earned until the day of withdrawal or until a later day of remittance.

You are required to maintain your occupational pension benefits, except in the special cases listed below. We therefore need the name and address of the pension scheme to which your portable retirement funds will be transferred:

- a) This will generally be the pension scheme of your future employer (art. 3 FZG¹)
- b) If you will not be taking up a new post in the foreseeable future (art. 4 FZG), a bank which will open an account for your vested benefits

We will send you a final statement as a record of your vested benefits. A second copy of the final statement will be sent to your new pension scheme.

You may request a **cash payout** under art. 5 FZG in the following cases:

- a) If you leave Switzerland definitively²
- b) If you become self-employed and are no longer subject to mandatory occupational pension provision
- c) If your retirement benefits are less than your annual contribution (employee's contribution)

The documentary evidence needed in each case is specified on Form A. If you are married or living in a civil partnership, your spouse or civil partner is required to give written consent to the cash payout.

Important: the spouse/civil partner must sign the consent form in the personnel office at the place of work of the insured person, duly producing official evidence of identity (passport, identify card, driving licence, foreign national identity card), or have the signature certified by a notary.

Please complete and send **Form A** to us as soon as possible, making sure it is signed and enclosing a deposit slip for the remittance of the vested benefits and, where applicable, enclosing the required documentary evidence.

Please do not hesitate to contact us if you have any questions. Please help us to avoid time-consuming explanations and to save money by reading the information above. Thank you in advance.

Yours faithfully,

Livica Collective foundation

Postfach
3000 Bern 22

Tel. +41 (0)31 330 21 11

info@livica.ch
www.livica.ch

¹ Bundesgesetz über die Freizügigkeit in der beruflichen Alters-, Hinterlassenen- und Invalidenvorsorge (Federal Law on Vesting Old-age, Survivors' and Disability Benefit Plans (FLV))

² Please see the relevant leaflet if you are relocating to an EU or EFTA country (www.livica.ch)