

Bayer Pension Fund

Transfer of vested benefits

Personal data of the insured person

Last name _____

First name _____

Address _____

Country, postal code, city _____

OAI number _____

Transfer information

1. **Please transfer my vested benefits to the new employer's occupational benefits institution.**

Details of my new employer

Company name _____

Address _____

Country, postal code, city _____

Bank details of the occupational benefits institution of my new employer

Company name _____

Address _____

Country, postal code, city _____

Bank account / clearing no. _____

IBAN, BIC _____

Post account no. _____

2. **Please transfer my vested benefits to my vested benefits account, or a vested benefits policy.**
I will not directly take up employment after my withdrawal from your institution.

Bank details of my personal vested benefits account, vested benefits policy

Company name _____

Address _____

Country, postal code, city _____

Bank account / clearing no. _____

IBAN, BIC _____

Post account no. / policy no. _____

3. **Cash payment of the vested benefits due to the following reason:**

- Definite departure from Switzerland (enclose attestation of residents' registration office)
- Taking up self-employment (enclose confirmation of registration with the AHV/AVS)

Residence _____

Bank account / clearing no. _____

IBAN, BIC _____

Post account no. _____

Transfer information

If the transfer information for the vested benefits is not sent to the pension fund within 6 months, the vested benefits will be transferred to the Substitute Occupational Benefit Institution in Zürich in order to open a vested benefits account.

Comments

In case of a cash payment of the vested benefits, the insured person confirms with his/her signature that he/she did not purchase additional contribution years within the three (3) years prior to the date of leaving the pension fund.

In the event of taking up self-employment, the insured person confirms with his/her signature that this is the main occupation.

If the insured person provides his or her e-mail address, he or she confirms that the documents can be sent via password-protected e-mail.

With my signature, I hereby confirm to be able to work full time.

Place, date: _____

Place, date: _____

Signature of the insured

Signature of the spouse / registered partner¹

¹ Compulsory in case of item 3, cash payment

Confirmation of the spouse's / registered partner's signature

The signature needs to be confirmed by an official authority (residents' registration office, passport office) or a notary.

Place, date: _____

Signature and stamp of authorized office

**If you have any questions regarding the pension scheme, please contact your customer advisor :
T: +41 44 387 89 03 – pension.bayer@kessler.ch**