

## Request for the transfer of vested benefits

This form is to be completed, **signed** and returned to the Fonds de Pensions Nestlé at the time of the end of employment.

### Personal data

Last name  First name

Member number  AVS number

Date of birth  End of employment date

Address

Private phone number  Private e-mail address

Marital status  Single  Married  Registered partnership  
 Widowed  Divorced  Dissolution of registered partnership

### Ability to work

Do you have full ability to work at the date of end of employment?  Yes  No

Has a request for a disability benefits been addressed to the Swiss Disability Insurance?  Yes  No

### Instructions for the transfer of vested benefits

**A**

**New employer in Switzerland**

→ Mandatory transfer of the vested benefits to the new pension fund

Name of the pension fund

Address

Contract nr.  Name of new employer

IBAN account nr. (or attach a payment slip)

Name and address of the bank

# B

## No new employer - vested benefits remain in the pension circuit

→ Opening of an occupational savings account/vested benefits policy

Name of the bank or insurance company

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IBAN account nr. (or attach a payment slip)

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→ Please attach the opening form of the account/policy

# C

## No new employer in Switzerland

→ Request for cash payment of the vested benefits

- 1) I set up of a self-employed business
  - Join a recent affiliation statement from the AVS
- 2) My vested benefits amount to less than my personal annual employee's contributions (without employer's part)
  - Please take contact with our administration team to check if you fulfil this condition prior to returning the form
- 3) I permanently leave Switzerland
  - Join a departure statement from local authorities or copy of cancelled work/residence permit

New residence in :

■ an EU or EFTA country

■ a country outside the EU or EFTA

**Extra-mandatory** : vested benefits can be paid out

Entitlement to the refund of the total vested benefits

**LOB retirement savings** : this amount must remain on an occupational savings account or a vested benefits insurance policy in Switzerland

→ Also complete data under **letter B**

Under certain circumstances, the LOB retirement savings may be paid out. For any additional information or to obtain the necessary document, please contact the LOB Guarantee Fund liaison office, [www.verbindungsstelle.ch](http://www.verbindungsstelle.ch)

IBAN account nr.

SWIFT-BIC

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Name and address of the bank

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→ Join a bank confirmation or a copy of your bank card which show account holder and account number

→ If the bank is located abroad, the SWIFT-BIC information is mandatory

## I certify that the information stated in this document is fully accurate

→ To allow a cash settlement (section C), the legalized signature of each signatory is required. For this purpose, the authentication of the signatures can be carried out at a notary's office or you can make an appointment with our services (with presentation of the original identity papers).

Date and place

Signature

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Date and place

Signature of spouse/  
Registered partner

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